

MICHAEL ANGARONE MD 7/10/2018

	Page 1		Page 3
1	IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF ILLINOIS	1	DEPOSITION OF MICHAEL P. ANGARONE, D.O. taken July 10, 2018
2		2	
3	DUSTIN M. JAMES,)	3	
4	Plaintiff,)	4	
5)Cause No. -vs-)3:15-CV-01335-JPG-DGW	5	EXAMINATION BY PAGE
6	DEBRA HALE and CAPTAIN)	6	Mr. Quinn 5, 92
7	THOMAS TRICE,)	7	Mr. Prengaman 89
8)	8	
9	Defendants.)	9	EXHIBITS PAGE
10	Deposition of MICHAEL P. ANGARONE, D.O., taken before LISA A. BORDEN, C.S.R., and Notary Public, pursuant to the Federal Rules of Civil Procedure for the United States Courts pertaining to the taking of depositions for the purpose of discovery, at Suite 1220, 70 East Lake Street, Chicago, Illinois, commencing at 11:02 a.m., on the 10th day of July, 2018.	10	ANGARONE EXHIBIT 1 6 (Curriculum Vitae)
11		11	
12		12	ANGARONE EXHIBIT 2 17 (Amended Notice of Deposition)
13		13	ANGARONE EXHIBIT 3 40 (Dr. Angarone's Report dated April 17, 2018)
14		14	ANGARONE EXHIBIT 4 43 (Radiology Report dated 2/25/15)
15		15	
16		16	ANGARONE EXHIBIT 5 45 (St. Elizabeth's Hospital Medical Record dated 2/25/15)
17		17	
18		18	ANGARONE EXHIBIT 6 52 (St. Elizabeth's Hospital Medical Record dated 1/12/15)
19		19	
20		20	ANGARONE EXHIBIT 7 57 (Medical Progress Notes dated 2/19/2015)
21		21	
22		22	
23		23	
24		24	
	Page 2		Page 4
1	There were present at the taking of this deposition the following counsel:	1	PAGE
2	THE LAW OFFICE OF MATTHEW PRENGAMAN by MR. MATTHEW PRENGAMAN	2	ANGARONE EXHIBIT 8 60 (SLU Care Records)
3	70 East Lake Street	3	
4	Suite 1220	4	ANGARONE EXHIBIT 9 76 (Medical Progress Notes dated 2/23/2015)
5	Chicago, Illinois 60601	5	
6	(773) 770-5074	6	ANGARONE EXHIBIT 10 83 (St. Elizabeth's Hospital Emergency Room Record dated 3/21/15)
7	matthew@prengamanlaw.com	7	
8	on behalf of the Plaintiff;	8	
9	SANDBERG PHOENIX & VON GONTARD PC by MR. UNTRESS L. QUINN	9	
10	MS. ABBEY A. FRITZ	10	
11	600 Washington Avenue	11	
12	15th Floor	12	
13	St. Louis, Missouri 63101	13	
14	(314) 231-3332	14	
15	uquinn@sandbergphoenix.com	15	
16	afritz@sandbergphoenix.com	16	
17	on behalf of the Defendant Debra Hale.	17	
18		18	
19		19	
20		20	
21		21	
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23		23	
24		24	

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Exhibit C

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<p>1 (Witness sworn.)</p> <p>2 MICHAEL P. ANGARONE, D.O.,</p> <p>3 called as a witness herein, having been first duly</p> <p>4 sworn, was examined upon oral interrogatories and</p> <p>5 testified as follows:</p> <p>6 EXAMINATION</p> <p>7 BY MR. QUINN:</p> <p>8 Q Good morning, Dr. Angarone.</p> <p>9 A Good morning.</p> <p>10 Q My name is Trez, T-r-e-z, Quinn, and I'll be</p> <p>11 asking most of the questions today. We met briefly</p> <p>12 of course right before we went on the record. I</p> <p>13 represent Debra Hale in this particular case, okay?</p> <p>14 A Yes.</p> <p>15 Q You've given a deposition before, haven't</p> <p>16 you?</p> <p>17 A Yes, I have.</p> <p>18 Q Okay. So I don't need to waste your time</p> <p>19 with the rules of it, but just let me preface it by</p> <p>20 saying if you don't understand a question, just ask</p> <p>21 me to repeat it, okay?</p> <p>22 A Okay.</p> <p>23 Q Can we agree that if you answer the question</p> <p>24 you understood the question?</p>	<p>1 Q And just take a look at it. The first page</p> <p>2 the top upper right corner, updated 7/26 of last</p> <p>3 year, 2017?</p> <p>4 A Yes.</p> <p>5 Q Is this the most current and up to date?</p> <p>6 A As of right now, yes.</p> <p>7 Q Okay. All right, what is your -- let's go</p> <p>8 through your CV.</p> <p>9 What is your professional address?</p> <p>10 A It is 645 North Michigan Avenue.</p> <p>11 Q Okay. And is that a -- and so that's</p> <p>12 Northwestern Memorial Hospital?</p> <p>13 A Yes.</p> <p>14 Q And that's your primary place of employment?</p> <p>15 A Yes.</p> <p>16 Q Okay. And we'll talk about that in just a</p> <p>17 second.</p> <p>18 So it looks like you graduated from -- do</p> <p>19 they call it medical school?</p> <p>20 A Yes.</p> <p>21 Q Medical school in 2002?</p> <p>22 A Yes.</p> <p>23 Q From Chicago College of Osteopathic Medicine?</p> <p>24 A Correct.</p>
<p>1 A Yes.</p> <p>2 Q All right. Please state your name for the</p> <p>3 record, please.</p> <p>4 A Michael Angarone.</p> <p>5 Q And, Doctor, you are a D.O.?</p> <p>6 A Yes.</p> <p>7 Q Not an M.D.?</p> <p>8 A No, a D.O.</p> <p>9 Q And my understanding is the difference is</p> <p>10 just the basic philosophy of medicine?</p> <p>11 A Yes.</p> <p>12 Q And you guys deal with more holistic</p> <p>13 approaches?</p> <p>14 A We learn more musculoskeletal medicine in</p> <p>15 addition to the standard medicine that allopathic or</p> <p>16 M.D. physicians learn.</p> <p>17 MR. QUINN: Okay. I'm going to mark as Exhibit 1</p> <p>18 the CV that we have.</p> <p>19 (Whereupon, Angarone Exhibit 1 was marked</p> <p>20 for identification.)</p> <p>21 BY MR. QUINN:</p> <p>22 Q So looking at Exhibit 1, this appears to be</p> <p>23 your curriculum vitae, correct?</p> <p>24 A Yes.</p>	<p>1 Q All right. How long is that program?</p> <p>2 A Four years.</p> <p>3 Q Four years, okay. And thereafter you</p> <p>4 completed an internal medicine internship and</p> <p>5 residency at Loyola University Medical Center from</p> <p>6 2002 to 2005?</p> <p>7 A Correct.</p> <p>8 Q And you were a chief resident from 2005 and</p> <p>9 2006?</p> <p>10 A Correct.</p> <p>11 Q And that was internal medicine, right?</p> <p>12 A Yes.</p> <p>13 Q And from '06 to '09 you did an infectious</p> <p>14 disease fellowship with Northwestern Memorial</p> <p>15 Hospital?</p> <p>16 A Correct.</p> <p>17 Q Could you explain to us what the infectious</p> <p>18 disease fellowship consisted of.</p> <p>19 A So the fellowship is a more focused training</p> <p>20 in infectious disease, so it has both clinical and a</p> <p>21 research component. So the clinical component is</p> <p>22 focused on seeing individuals with infections, seeing</p> <p>23 individuals with HIV, other infectious diseases and</p> <p>24 learning to become an expert in taking care of those</p>

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<p>1 infections.</p> <p>2 The research component is a research year</p> <p>3 to two years dedicated to research in infectious</p> <p>4 disease whether that's clinical research or bench</p> <p>5 research or both.</p> <p>6 Q Now, was this fellowship directed towards</p> <p>7 what you describe as treating opportunistic</p> <p>8 infections?</p> <p>9 A All infections, so opportunistic infections</p> <p>10 fall under the purview of infectious disease.</p> <p>11 Q Okay. And so from July '08 to July '09 it</p> <p>12 looks like you were a research assistant in oncology/</p> <p>13 immunology?</p> <p>14 A Correct.</p> <p>15 Q What is that exactly?</p> <p>16 A So the research project that I worked on was</p> <p>17 a research project that was headed under the</p> <p>18 oncology/immunology division, and that was looking at</p> <p>19 markers for rectal and colon cancer that could then</p> <p>20 be used for markers for rectal cancer in individuals</p> <p>21 with HIV or AIDS.</p> <p>22 Q Okay. And so you are board certified, right?</p> <p>23 A Yes, I am.</p> <p>24 Q And what are your board certifications at</p>	<p>1 Diplomat in Infectious Disease, American Board of</p> <p>2 Internal Medicine. What exactly is that?</p> <p>3 A So that's the board certification for</p> <p>4 infectious disease. It's run through the American</p> <p>5 Board of Internal Medicine.</p> <p>6 Q And you have to recertify for both internal</p> <p>7 medicine and infectious disease like every ten years?</p> <p>8 A Yes.</p> <p>9 Q So you're not godfathered in?</p> <p>10 A No, I'm not.</p> <p>11 Q All right. So it looks like you have some</p> <p>12 military service history?</p> <p>13 A Yes.</p> <p>14 Q You were a -- what was your highest rank?</p> <p>15 A I was a specialist which is an E4.</p> <p>16 Q Okay. And were you honorably discharged?</p> <p>17 A Yes.</p> <p>18 Q Okay. So you're currently employed at</p> <p>19 Northwestern Memorial Hospital, right?</p> <p>20 A Yes.</p> <p>21 Q As an infectious disease doctor?</p> <p>22 A Yes.</p> <p>23 Q When did you start there?</p> <p>24 A I started after my fellowship in 2009.</p>
<p>1 this time?</p> <p>2 A In internal medicine and in infectious</p> <p>3 disease.</p> <p>4 Q Is that a dual board certification or are</p> <p>5 those separate?</p> <p>6 A They're separate, so you have to take a board</p> <p>7 test for internal medicine and then a board test for</p> <p>8 infectious disease.</p> <p>9 Q Is that a written exam or oral?</p> <p>10 A They're both written.</p> <p>11 Q Both written, okay. And when were you first</p> <p>12 board certified?</p> <p>13 A Internal medicine was in 2005 and then I</p> <p>14 recertified in 2015, and then infectious disease was</p> <p>15 in 2008 and then I recertified this year.</p> <p>16 Q For the internal medicine board</p> <p>17 certifications did you pass on the first attempt?</p> <p>18 A Yes.</p> <p>19 Q What about infectious disease?</p> <p>20 A Yes.</p> <p>21 MR. QUINN: Off the record.</p> <p>22 (Discussion had off the record.)</p> <p>23 BY MR. QUINN:</p> <p>24 Q It looks like from '08 to 2018 this says</p>	<p>1 Q And you've been there ever since?</p> <p>2 A Yes.</p> <p>3 Q Tell me about just briefly what your position</p> <p>4 entails at Northwestern.</p> <p>5 A Sure. I'm an assistant professor at</p> <p>6 Northwestern Medicine and then the Northwestern</p> <p>7 University Feinberg School of Medicine. My primary</p> <p>8 job is clinical practice, so I see patients on the</p> <p>9 infectious disease consulting service primarily in</p> <p>10 the opportunistic infection host service, so I see</p> <p>11 mostly solid organs, stem cell transplant recipients,</p> <p>12 individuals with HIV, AIDS on that clinical service.</p> <p>13 I have a clinic twice a week in which I see either</p> <p>14 patients that fall under that opportunistic infection</p> <p>15 group or general infectious disease patients that are</p> <p>16 referred to me by other providers. I also see about</p> <p>17 50 percent of my clinic is HIV-infected individuals.</p> <p>18 And then I also have teaching responsibilities, so</p> <p>19 about 40 to 50 percent of my time is also spent in</p> <p>20 medical education.</p> <p>21 Q What type of medical education?</p> <p>22 A So I'm the clerkship director for the</p> <p>23 fourth-year medical student sub-internship so that's</p> <p>24 when the fourth-year medical students can act like an</p>

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<p>1 intern, so they spend four weeks in a role in which 2 they're acting like an intern, kind of give them a 3 little bit of a preview of that. I also do teaching 4 on the small group teachings that happen throughout 5 the year for the first-year medical students as well 6 as the third-year medical students.</p> <p>7 Q And that consists primarily in the area of 8 infectious disease?</p> <p>9 A Some infectious disease and some just general 10 internal medicine as well.</p> <p>11 Q Now, have you ever practiced in just general 12 internal medicine after your residency?</p> <p>13 A So I do practice just internal medicine when 14 I work on the hospital wards with the residents, so I 15 usually do four to six weeks a year where I'm the 16 attending of record for patients that are admitted to 17 the hospital under the general internal medicine 18 hospital service.</p> <p>19 Q Why do you do that?</p> <p>20 A Pardon me?</p> <p>21 Q Why do you do that, what requirement --</p> <p>22 A So I do that as part of my educational 23 responsibilities for the medicine residency program 24 as well as I'm a general internist and I enjoy</p>	<p>1 A Yes, about 50 percent because I do have the 2 clerkship director role and I am a core faculty 3 member for the internal medicine residency program 4 and I also have medical school responsibilities as 5 well.</p> <p>6 Q Under professional society memberships, you 7 are a member of the American College of Physicians?</p> <p>8 A Yes.</p> <p>9 Q And also a member of Infectious Disease 10 Society of America?</p> <p>11 A Yes.</p> <p>12 Q And also Alliance for Academic Internal 13 Medicine/Clerkship Directors in Internal Medicine?</p> <p>14 A Yes.</p> <p>15 Q Do any of these societies have positions on 16 providing expert testimony to your knowledge?</p> <p>17 A Not to my knowledge. I'm not aware.</p> <p>18 Q Okay. You have authored some peer-review 19 articles as well as it appears some editorials and 20 chapters in books?</p> <p>21 A Correct.</p> <p>22 Q Taking a look at your CV, do any of these 23 particular articles, chapters, reviews or editorials 24 directly involve the subject of this lawsuit?</p>
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<p>1 general internal medicine.</p> <p>2 Q Do you currently treat patients who have 3 suffered any type of trauma?</p> <p>4 A Yes, if they get admitted to my general 5 internal medicine service or on the infectious 6 disease consulting service if we get consulted.</p> <p>7 Q Okay. So you would treat that patient in 8 general in internal medicine absent infectious 9 disease?</p> <p>10 A Absent infectious disease if for whatever 11 reason they get admitted to our service because they 12 have medical issues that are more complex for the 13 general surgery team to manage and they need the 14 general internist to manage those while the surgical 15 team manages the trauma.</p> <p>16 Q Okay. And you are an attending physician?</p> <p>17 A Yes.</p> <p>18 Q Since 2009?</p> <p>19 A Yes.</p> <p>20 Q Okay. I'm looking at your administrative 21 appointments on your CV, and you would agree that the 22 majority of these appointments consisted of the 23 infectious disease area of medicine or is that not 24 correct?</p>	<p>1 A No, they do not.</p> <p>2 Q Okay. And it looks like that most of your 3 articles, publications involve infectious diseases, 4 right?</p> <p>5 A Correct.</p> <p>6 Q All right. Now, you are not a licensed 7 practical nurse of course?</p> <p>8 A I am not, no.</p> <p>9 Q And you have never -- you're not a registered 10 nurse either?</p> <p>11 A I am not.</p> <p>12 Q So you are not a nurse of any kind?</p> <p>13 A I am not.</p> <p>14 Q And you've never gone to nursing school of 15 any type?</p> <p>16 A I have not, no.</p> <p>17 Q And you don't consider yourself an expert in 18 nursing?</p> <p>19 A I do not, no.</p> <p>20 Q Because the training, you would agree, for 21 doctors and nurses is different?</p> <p>22 A Yes.</p> <p>23 Q Nurses whether they're RNs or LPNs cannot 24 prescribe medication, can they?</p>

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<p>1 A No, they cannot.</p> <p>2 Q And they cannot provide medical diagnoses,</p> <p>3 correct?</p> <p>4 A They cannot, no.</p> <p>5 Q And you've never worked in a jail or a</p> <p>6 prison, right?</p> <p>7 A I have not, no.</p> <p>8 Q Have you sat on any type of a board involving</p> <p>9 medical care provided in a correctional institution</p> <p>10 such as a jail or prison?</p> <p>11 A I have not, no.</p> <p>12 MR. QUINN: Okay. Let me have the deposition</p> <p>13 notice, the amended one. We'll mark the amended</p> <p>14 notice of deposition as Exhibit 2.</p> <p>15 (Whereupon, Angarone Exhibit 2 was marked</p> <p>16 for identification.)</p> <p>17 BY MR. QUINN:</p> <p>18 Q Have you seen this notice before today?</p> <p>19 A Yes, I have.</p> <p>20 Q If you look at page 2, there's an attachment</p> <p>21 that says documents to produce, do you see that?</p> <p>22 A Yes.</p> <p>23 Q Have you seen this document before this</p> <p>24 morning?</p>	<p>1 on any of the documents you received?</p> <p>2 A I did not, no.</p> <p>3 Q When you received them electronically, did</p> <p>4 you print them yourself for your review?</p> <p>5 A I did not, no.</p> <p>6 MR. QUINN: Okay. Matthew, how hard would it be</p> <p>7 for us to get what he has electronically?</p> <p>8 MR. PRENGAMAN: I mean, I did e-mail to him this,</p> <p>9 but I think we could just find the e-mail I hope, but</p> <p>10 I just know it would have been the medical records.</p> <p>11 MR. QUINN: Just the medical records.</p> <p>12 THE WITNESS: Yeah, it was all the medical</p> <p>13 records.</p> <p>14 MR. PRENGAMAN: Yeah, I sent him the medical</p> <p>15 records and the deposition transcripts.</p> <p>16 MR. QUINN: Okay.</p> <p>17 BY MR. QUINN:</p> <p>18 Q Did you receive any correspondence from</p> <p>19 anyone?</p> <p>20 A So just the e-mails with the access to the</p> <p>21 medical records which I can look on my computer on my</p> <p>22 e-mail if you want.</p> <p>23 Q That's fine.</p> <p>24 Could I take a look at what you did bring</p>
<p>1 A Yes.</p> <p>2 Q Have you brought any of the items listed on</p> <p>3 the documents here, the documents to produce list?</p> <p>4 A So the information that was provided to me</p> <p>5 for the case was all electronic in nature. I have</p> <p>6 the -- my write up on the case which contains my</p> <p>7 invoice to Richard Dvorak, so my invoice for the</p> <p>8 hours spent which is item number 8, and then the</p> <p>9 notes that I had written on the case.</p> <p>10 Q Okay. Go ahead, I'm sorry.</p> <p>11 A And then the other information I have is one</p> <p>12 of the other cases that I worked on with Richard</p> <p>13 Dvorak.</p> <p>14 Q Sure, and we'll talk about that in just a</p> <p>15 second.</p> <p>16 So you didn't print out anything that you</p> <p>17 received electronically?</p> <p>18 A I did not, no.</p> <p>19 Q Okay. And is there any reason why you didn't</p> <p>20 print it out?</p> <p>21 A I was informed that I should just bring</p> <p>22 these.</p> <p>23 Q I wonder why.</p> <p>24 Okay. Well, did you make any highlights</p>	<p>1 real quick. I'll just give it back.</p> <p>2 A Sure.</p> <p>3 Q Just for the record, Dr. Angarone brought his</p> <p>4 report that he authored dated 4/17/2018 as well as</p> <p>5 one, two, three, four, five, six, seven, eight, nine</p> <p>6 pages of handwritten notes, is that correct?</p> <p>7 A Yes.</p> <p>8 MR. QUINN: Is there any way, Matt, we can get a</p> <p>9 copy of these notes?</p> <p>10 MR. PRENGAMAN: Sure.</p> <p>11 MR. QUINN: Okay. Before we leave we'll get a</p> <p>12 copy of those.</p> <p>13 BY MR. QUINN:</p> <p>14 Q What in general is contained in your notes?</p> <p>15 A Just highlights from each of the records from</p> <p>16 the case and information from the depositions that I</p> <p>17 reviewed.</p> <p>18 Q Okay. Let me ask you this. When were you</p> <p>19 first contacted about this case? If you need to look</p> <p>20 at your computer you can or your phone.</p> <p>21 A I can look at the e-mail. I believe it was</p> <p>22 in February of this year.</p> <p>23 So April 9th is when I was given an e-mail</p> <p>24 with information about the electronic case files.</p>

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<p>1 Q What did the e-mail state just in general? 2 A It just -- 3 Q Other than the attachment, what does it say? 4 A It just says the following transaction was 5 entered 4/9/2018 for the case name James v. Hale with 6 the case number, order granting motion -- oh, this is 7 for the extension, sorry, for the report. Sorry, my 8 phone it's difficult to pull up. 9 MR. QUINN: Let me just say this. Matt, we would 10 like a copy of his file. I think we have a right to 11 that. 12 THE WITNESS: I can look to see if all of it is 13 on my computer if that's okay. 14 MR. QUINN: Yeah, that's fine. 15 THE WITNESS: Because then I can print it from 16 here if you have the ability to do that. 17 MR. QUINN: Yeah, we don't necessarily need you 18 to reprint like the medical records and things we 19 already have, but it's simply, you know, the cover 20 letter, those types of things. 21 BY MR. QUINN: 22 Q So you were first contacted February of 2018 23 to review this case, correct? 24 A Yes.</p>	<p>1 reviewed it? 2 A I did not, no. 3 Q And what were you tasked to do? 4 A To review the case. 5 So I was asked to review the case. Sorry, 6 I just found the original e-mail from the case. 7 Q Sure. So you were asked to review the case. 8 Is that it? 9 A Yes, I was asked to review the case, and then 10 after I reviewed the case and spoke to Mr. Dvorak, he 11 asked me if I would write my opinion on the case. 12 Q So were you asked to review the case to offer 13 opinions on any specific issues? 14 A Just offer my opinion on the care that was 15 provided to Mr. James regarding the timeliness of 16 identifying his infection and the treatment provided 17 and any long-term effects related to the infection. 18 Q Okay. So were you asked to offer opinions 19 with regard to Debra Hale's involvement in the care 20 and treatment of the plaintiff in this case? 21 A So the overall handling of the case, and 22 Debra Hale was in charge of his care, and so the 23 management of identifying whether or not he had an 24 infection and whether or not the treatment was given</p>
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<p>1 Q And do you know who contacted you? 2 A Richard Dvorak. 3 Q Okay. And was it by telephone or by 4 correspondence? 5 A Through e-mail. 6 Q Okay. And do you recall the nature of the 7 communication in that e-mail? 8 A It just asked me if I would be interested in 9 reviewing the case. 10 Q Okay. Did you -- were you told anything 11 about the case prior to your review? 12 A So I talked to Richard on the phone and he 13 told me that the case involved someone who had a 14 facial infection and then that's all that he told me. 15 Q Okay. So you knew he had an infection prior 16 to you reviewing the records? 17 A Yes. 18 Q And was that phone call -- when did that 19 phone call occur? 20 A Probably shortly thereafter. I don't 21 remember the specifics. Again, on my phone I can't 22 look up all the e-mails back then. 23 Q Sure. And so you knew he had an infection. 24 Did you know anything else about the case before you</p>	<p>1 in a timely manner. 2 Q Okay. And so the overall treatment provided, 3 and then you understand that Debra doesn't prescribe 4 medications, correct? 5 A Yes. 6 Q And she doesn't make medical diagnoses, 7 correct? 8 A Yes. 9 Q You understand that she cannot refer anyone 10 to an outside physician without a doctor's order, do 11 you understand that? 12 A Yes. 13 Q Okay. And we'll get into your report in just 14 a second. 15 Have you ever been sued as a defendant? 16 A Yes. 17 Q How many times? 18 A One. 19 Q And what was the name of the case? 20 A It's -- now I can't remember the name. It's 21 still in the process of collecting information on the 22 case. 23 Q So it's a new case? 24 A It's a new case. It has not gone to trial.</p>

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<p>1 Q So it was filed in what year?</p> <p>2 A It was filed I believe 2015. It's Meyers.</p> <p>3 Q M-y --</p> <p>4 A M-e-y-e-r-s.</p> <p>5 Q Okay. And versus -- are you the sole defendant?</p> <p>6 A It's myself and one other provider, and I cannot remember the name of the provider.</p> <p>7 Q Okay. And what court was that filed?</p> <p>8 A That I don't have the information for.</p> <p>9 Q Have you given any depositions in that case?</p> <p>10 A I gave my deposition of the care provided for the plaintiff.</p> <p>11 Q And when did you give your deposition approximately?</p> <p>12 A That was done January or February of this year.</p> <p>13 Q Okay. What does that case involve?</p> <p>14 A It involves a necrotizing fasciitis of the lower extremity.</p> <p>15 Q And what are the allegations against you?</p> <p>16 A Not providing immediate care and antibiotics.</p> <p>17 Q Okay. And so -- and that's the only case, right?</p>	<p>1 Q Did you list those on your report?</p> <p>2 A I believe. Let me see, did I? So at the time of writing I listed the one that I did for Beth Helm. Since then there's been one other that I've done.</p> <p>3 Q Okay. What's the one other case you've given a deposition?</p> <p>4 A That is -- I have to find the name of it here. It's Casteel, C-a-s-t-e-e-l, v. P-E-P, et al.</p> <p>5 Q Do you know what court that was filed in?</p> <p>6 A This is in I believe Kentucky is where this was filed in -- this was Indiana, sorry.</p> <p>7 Q And you gave a deposition as an expert witness in that case?</p> <p>8 A Yes.</p> <p>9 Q And what year was that approximately?</p> <p>10 A This deposition was done two months ago in April of 2018.</p> <p>11 Q And what did that case involve?</p> <p>12 A That case involves -- I have to remember exactly what it was. It was -- the case involved failure to appropriately treat a urinary tract infection with sepsis/septic shock.</p> <p>13 Q Was it a matter of a delay in treatment?</p>
<p>1 A Yes.</p> <p>2 Q As far as your medical-legal activity, how long have you been involved in reviewing cases as an expert consultant or witness?</p> <p>3 A For about five years.</p> <p>4 Q And what are your current fees? Is it \$350 per hour?</p> <p>5 A \$350 per hour for review and then \$500 per hour for deposition and court appearance.</p> <p>6 Q And how many cases do you currently -- how many cases per year do you currently review let's say in the last five years?</p> <p>7 A It's been about -- it averages between two and three.</p> <p>8 Q Has that increased or decreased -- well, I guess you have only been doing it for five years so I guess that's the way it's been.</p> <p>9 A Yes, two to three a year.</p> <p>10 Q And so I know in your report you list some information about deposition testimony in the last four years, we'll get to that in a second, but you have given depositions in your cases in which you've acted as an expert, correct?</p> <p>11 A Yes, I have.</p>	<p>1 A Yes.</p> <p>2 Q And you opine in this case about a delay in treatment of an infection?</p> <p>3 A Yes.</p> <p>4 Q And you're actually being sued for delay in treatment of an infection, correct?</p> <p>5 A Yes.</p> <p>6 Q And so you've only given two depositions in the last four years as an expert witness?</p> <p>7 A Yes.</p> <p>8 Q What about trial testimony in the last four years?</p> <p>9 A I have not.</p> <p>10 Q Okay. And so you have worked for I think you said Richard Dvorak in the past?</p> <p>11 A Yes.</p> <p>12 Q And how many times?</p> <p>13 A Once.</p> <p>14 Q And you were -- did you give a deposition in any of the cases you were representing him?</p> <p>15 A I did not, no.</p> <p>16 Q And what type of cases did you review for Mr. Dvorak?</p> <p>17 A That was involving an individual with HIV who</p>

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<p>1 developed a dental infection that subsequently turned 2 into a dental abscess and empyema or infection around 3 the lung that was not treated.</p> <p>4 Q And so the number of cases in total that you 5 reviewed as an expert witness has been how many?</p> <p>6 A I would say to try to estimate it it's 7 between 10 and 15. I can't remember the exact 8 number. Like I said, it's about two to three per 9 year.</p> <p>10 Q Okay, right. Have you ever acted as an 11 expert witness for a defendant?</p> <p>12 A Yes.</p> <p>13 Q How many times?</p> <p>14 A A majority of the 10 to 15 has been for 15 defendant.</p> <p>16 Q So the percentage would be?</p> <p>17 A I would say probably 60 to 70 percent 18 defendant.</p> <p>19 Q The case you've given a deposition, Casteel, 20 was that for the plaintiff or the defendant?</p> <p>21 A Defendant.</p> <p>22 Q The case you listed on your report which 23 we're going to get into in a second, was that for a 24 plaintiff or a defendant?</p>	<p>1 A The treatment of an infection, yes.</p> <p>2 Q And so what method do you use for billing?</p> <p>3 Do you send an invoice?</p> <p>4 A Yes, usually I send an invoice at the end 5 after I'm done reviewing all the paperwork.</p> <p>6 Q Did you send an invoice in this case to the 7 attorneys?</p> <p>8 A I did, and it's item number 8 on my report.</p> <p>9 Q Okay. Did you send an actual invoice though?</p> <p>10 A This is the only invoice that I send.</p> <p>11 Q Just in your report, okay.</p> <p>12 So in this case you billed about seven 13 hours?</p> <p>14 A Yes.</p> <p>15 Q And the total bill was how much again?</p> <p>16 A Seven times 350, I'll do the math --</p> <p>17 Q I got it here.</p> <p>18 A Like \$2600, something like that.</p> <p>19 Q \$2450?</p> <p>20 A \$2450.</p> <p>21 Q Okay. Any other -- that's it, \$2450?</p> <p>22 A That's it, yes.</p> <p>23 Q Okay. And you spent about seven hours thus 24 far reviewing?</p>
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<p>1 A Defendant.</p> <p>2 Q Have you ever worked for Matthew?</p> <p>3 A I have not, no.</p> <p>4 Q What about Adrian, Bleifuss & Prados, have 5 you worked for them?</p> <p>6 A No.</p> <p>7 Q How many open files do you currently have for 8 medical-legal review?</p> <p>9 A Two not including this one.</p> <p>10 Q Okay. So three in total?</p> <p>11 A Yes, yes.</p> <p>12 Q So the cases where you've acted or you've 13 reviewed for a defendant, have that included a 14 defendant doctor or hospital?</p> <p>15 A Doctor, defendant doctor.</p> <p>16 Q All of them were doctors?</p> <p>17 A Yes, as far as I can remember, yes.</p> <p>18 Q And were they infectious disease doctors 19 or --</p> <p>20 A Not all were infectious disease. One was 21 infectious disease. The rest were general 22 practitioners or emergency room physicians.</p> <p>23 Q And your review involved the treatment of an 24 infection?</p>	<p>1 A Yes.</p> <p>2 Q And that doesn't include your deposition time 3 here?</p> <p>4 A Correct, it does not.</p> <p>5 Q Your time for your deposition today would be 6 \$500 an hour?</p> <p>7 A Yes.</p> <p>8 Q Okay. Would that include any type of travel?</p> <p>9 A No.</p> <p>10 Q Because you are local?</p> <p>11 A Yes, I'm local.</p> <p>12 Q Doctor, do you intend to rely on any 13 literature or articles in this case to support your 14 opinions you've offered?</p> <p>15 A For this case I have not, no.</p> <p>16 Q What percentage of your income is derived per 17 year for your medical-legal activities?</p> <p>18 A Maybe two or three percent.</p> <p>19 Q Okay.</p> <p>20 A Yeah, I believe if the math is right.</p> <p>21 Q Are there any textbooks or journals that you 22 consider to be authoritative in your field of 23 practice?</p> <p>24 A Yes, Infectious Disease, Mandell, Principles</p>

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<p>1 of Infectious Disease.</p> <p>2 Q That's all one book?</p> <p>3 A Yes.</p> <p>4 Q Any others?</p> <p>5 A For textbooks that is kind of the best</p> <p>6 textbook of infectious disease. For journals there's</p> <p>7 Clinical Infectious Diseases and the Journal of</p> <p>8 Infectious Diseases so CID and JID.</p> <p>9 Q And you consider those to be authoritative?</p> <p>10 A Yes.</p> <p>11 Q What about are there any websites like</p> <p>12 medical information websites that you rely on that</p> <p>13 you consider authoritative?</p> <p>14 A I use things like UpToDate when I'm in the</p> <p>15 hospital.</p> <p>16 Q Okay.</p> <p>17 A The New England Journal of Medicine website</p> <p>18 as well as the journal itself has resources for</p> <p>19 physicians. The same thing with the American College</p> <p>20 of Physicians, the ACP, their website has information</p> <p>21 for physicians as well as guidelines.</p> <p>22 Q Okay. So, Doctor, what exactly is an</p> <p>23 abscess?</p> <p>24 A So an abscess is an area inside the body so</p>	<p>1 a larger infection. The fever then goes to 101 or</p> <p>2 102 or higher.</p> <p>3 Q Okay. Does the fever continue to rise in the</p> <p>4 face of antibiotic treatment?</p> <p>5 A It can. So as the infection is being treated</p> <p>6 with an antibiotic, more of those bacteria are dying,</p> <p>7 and so often the fever is a response to those</p> <p>8 bacteria that are dying and our immune response so</p> <p>9 our immune system trying to take care of that</p> <p>10 response. So the fever can either persist or go up</p> <p>11 usually for 48 hours or 72 hours while someone is on</p> <p>12 treatment, and then if the treatment is appropriate,</p> <p>13 that fever will tend to go down.</p> <p>14 In the case of some abscesses if they're</p> <p>15 not drained, that fever can persist or that abscess</p> <p>16 could persist because the antibiotic may not be able</p> <p>17 to fully penetrate down into the abscess, so you're</p> <p>18 treating it partially and not fully, so that's where</p> <p>19 often we look at from an infectious disease</p> <p>20 standpoint one of the best treatments for an abscess</p> <p>21 is to actually try to drain the abscess.</p> <p>22 Q Is periodontal disease associated with</p> <p>23 infections?</p> <p>24 A It can be.</p>
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<p>1 usually under the skin or it can be an internal organ</p> <p>2 in which infection develops, so bacteria get into</p> <p>3 that site. The immune response is white blood cells</p> <p>4 get attracted to that area, infiltrate the area and</p> <p>5 try to kill those bacteria. Some of those bacteria</p> <p>6 die. Some of the white blood cells die. There's an</p> <p>7 accumulation of the debris or the material from that</p> <p>8 process that develops underneath the skin or within</p> <p>9 that organ, and the process just continues until</p> <p>10 either the infection gets so bad that it causes</p> <p>11 symptoms, so fevers, pain, dysfunction of that organ,</p> <p>12 or if it's near the skin that abscess will work its</p> <p>13 way towards the skin, open up the skin and</p> <p>14 spontaneously drain which can occur in organs as</p> <p>15 well.</p> <p>16 Q Right. What type of fever or temperature</p> <p>17 would you expect to see with someone with an abscess?</p> <p>18 A It could vary. So some people can have</p> <p>19 fevers that we would call low grade fevers so</p> <p>20 elevated temperatures with the normal being around</p> <p>21 98, 98 and a half, so people can have temperatures of</p> <p>22 99, 100 that may persist for a few days, and then the</p> <p>23 temperature starts to increase when we see a more</p> <p>24 serious abscess or an abscess that has developed into</p>	<p>1 Q And what exactly in your knowledge of</p> <p>2 periodontal disease, I know you're not a dentist, but</p> <p>3 you have some knowledge about what that is, correct?</p> <p>4 A Correct.</p> <p>5 Q And what is that exactly?</p> <p>6 A So usually that's decay of a tooth or damage</p> <p>7 to the gums either from poor oral hygiene or damage</p> <p>8 to the gums that can affect the root of the tooth.</p> <p>9 That root of the tooth can develop fluid and then</p> <p>10 bacteria that are in the mouth can get into that root</p> <p>11 causing an abscess, and it could be the root of a</p> <p>12 dental abscess or a mouth abscess as well as be a</p> <p>13 consequence of having poor periodontal health.</p> <p>14 Q And can you have an infection resulting from</p> <p>15 periodontal disease without having an abscess?</p> <p>16 A Yes, you can.</p> <p>17 Q Okay. And would that particular type of</p> <p>18 infection also result in like low grade fever?</p> <p>19 A It can, again, depending on the extent of the</p> <p>20 infection but it can.</p> <p>21 Q How are abscesses normally diagnosed?</p> <p>22 A It depends on where they're at. If you're</p> <p>23 talking more about a skin abscess, it's really the</p> <p>24 symptoms that the person may be having, so pain or</p>

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<p>1 pressure in the area where the abscess is. On exam 2 the skin may be fluctuant or boggy, so I liken it to 3 kind of trying to push your finger into a water 4 balloon or into a balloon. It's kind of mushy 5 compared to the normal texture of the skin or the 6 soft tissue. The external area of the skin as the 7 abscess progresses can become red, warm, and the skin 8 can be swollen and very firm so you may not sense 9 that water balloon-like feeling because of the 10 firmness of the skin overlying the abscess.</p> <p>11 Q What about an abscess that's inside of the 12 body? How would you diagnose that?</p> <p>13 A So typically that's diagnosed with imaging, 14 so if it's on an internal organ or a deep abscess, 15 the individual may have symptoms that again are 16 associated with pain, swelling, dysfunction of 17 whatever organ or body structure is in the area where 18 the abscess may be.</p> <p>19 Q Okay.</p> <p>20 A And so that would prompt imaging or 21 evaluation. Again, the individual may have symptoms 22 of an infection, so fevers that may be again that low 23 grade so 100 or 100.5, labs may indicate an elevated 24 white blood cell count but --</p>	<p>1 do you review radiology films like CAT scans? 2 A Yes, I do. 3 Q And so you're able to look at a film and 4 identify an abscess, right? 5 A Yes, yes. 6 Q Okay. What do you see on a film, a CT scan, 7 when you diagnose an abscess? What does it look 8 like? 9 A So typically it's going to be an area that's 10 going to have fluid that's of a different contrast 11 color of the tissues that are around it, so it may be 12 darker if that fluid has a lot of water inside of it 13 so it may be kind of more black or dark gray as 14 opposed to the surrounding tissue which may be more 15 of a whiter texture if it's in a muscle or in the 16 fat. There may be a well demarcated line around that 17 fluid indicating kind of the border of the abscess 18 that may be seen. Some abscesses may be very small 19 and what you may see are just alterations in some of 20 the underlying tissues that might be present. 21 Q Okay. Now, you don't do the official 22 reading -- 23 A I do not, no. 24 Q Let me finish the question just so the record</p>
<p style="text-align: center;">Page 38</p> <p>1 Q What would you -- I'm sorry, go ahead and 2 finish, I'm sorry.</p> <p>3 A But typically the symptoms really involve or 4 the way to identify it really involves the patient or 5 the person complaining about something. That then 6 tells us we should look for something and then we 7 find an abscess.</p> <p>8 Q What type of an increase in white blood cells 9 would you see with an abscess like an internal or 10 deep abscess?</p> <p>11 A Again, it can be variable, so you can have 12 slight elevations, so elevations to ten-and-a-half or 13 11, which might just be over what is considered the 14 upper limit of normal, to very large or extensive 15 abscesses that can have white blood cell counts 20, 16 30, 40,000, so much higher.</p> <p>17 Q So the presentation of an abscess would 18 include a fever, could be low grade, elevated white 19 blood cell counts, pain?</p> <p>20 A Pain.</p> <p>21 Q Any other presentation signs?</p> <p>22 A Organ or body dysfunction depending on where 23 the abscess is at.</p> <p>24 Q Okay. As an infectious disease specialist,</p>	<p style="text-align: center;">Page 40</p> <p>1 is clear. 2 You don't do the official reading of the 3 CT scan though, correct? 4 A I do not. 5 Q The radiologist does that? 6 A Yes. 7 Q So when there is a diagnosis of an abscess, 8 what do you expect to see on the official report? 9 A The report would indicate fluid that appears 10 abnormal, fluid that may have a rim around it or a 11 contrast enhancement that's different than the 12 surrounding fluid, and the radiologist may offer a 13 comment that the finding could be consistent with an 14 abscess. Often it's very hard to distinguish that, 15 so there may be other things that are listed as well 16 such as hematoma or cyst that might be there, but 17 that's typically what the radiologist would read. 18 MR. QUINN: I want to mark your report as 19 Exhibit 3. 20 (Whereupon, Angarone Exhibit 3 was marked 21 for identification.) 22 BY MR. QUINN: 23 Q So you authored a report of your opinions, 24 correct?</p>

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<p>1 A Yes.</p> <p>2 Q And the date of the report is April 17, 2018,</p> <p>3 right?</p> <p>4 A Yes.</p> <p>5 Q And I want to kind of go through your report</p> <p>6 here and ask some questions about this report.</p> <p>7 So the first documents you reviewed to</p> <p>8 come to your opinions are listed under number 3 of</p> <p>9 your report, correct?</p> <p>10 A Yes.</p> <p>11 Q And it looks like you reviewed the medical</p> <p>12 records from St. Elizabeth's Hospital, correct?</p> <p>13 A Yes.</p> <p>14 Q The medical records from Wexford Health</p> <p>15 Sources Incorporated?</p> <p>16 A Yes.</p> <p>17 Q The medical records from Quantum Vision</p> <p>18 Centers, right?</p> <p>19 A Yes.</p> <p>20 Q The medical records from Archview Medical</p> <p>21 Specialists?</p> <p>22 A Yes.</p> <p>23 Q The medical records from SLU Care?</p> <p>24 A Yes.</p>	<p>1 something and then I'll ask them what exactly that is</p> <p>2 or what exactly they're looking at. So since I'm not</p> <p>3 a radiologist I'm not qualified to comment on that.</p> <p>4 If there's anything that I see, I'll actually go and</p> <p>5 speak with the radiologist.</p> <p>6 Q Okay. And you reviewed a radiology report in</p> <p>7 this case, right?</p> <p>8 A Yes, I did.</p> <p>9 MR. QUINN: I'll mark a radiology report from St.</p> <p>10 Elizabeth's Hospital dated 2/25/15 as Exhibit 4.</p> <p>11 (Whereupon, Angarone Exhibit 4 was marked</p> <p>12 for identification.)</p> <p>13 BY MR. QUINN:</p> <p>14 Q Now, Doctor, you have given an opinion in</p> <p>15 this case that the plaintiff in fact had an abscess,</p> <p>16 right?</p> <p>17 A Yes.</p> <p>18 Q And you have acknowledged, however, that you</p> <p>19 have not reviewed any radiology films in this</p> <p>20 particular case, right?</p> <p>21 A Correct.</p> <p>22 Q And one of the reports you reviewed is</p> <p>23 Exhibit No. 4 which is the -- it looks like this is a</p> <p>24 CT scan with contrast that was done at</p>
<p style="text-align: center;">Page 42</p> <p>1 Q The medical records from St. Claire County</p> <p>2 Jail?</p> <p>3 A Yes.</p> <p>4 Q As well as the deposition transcripts of</p> <p>5 Dustin James, the plaintiff, and Debra Hale, correct?</p> <p>6 A Yes.</p> <p>7 Q And you have not reviewed anything other than</p> <p>8 what's contained in number 3, correct?</p> <p>9 A Yes, just those.</p> <p>10 Q All right. And you have not reviewed any</p> <p>11 radiology films in this case?</p> <p>12 A No, just the reports from the radiology</p> <p>13 films.</p> <p>14 Q Okay. And you didn't review the deposition</p> <p>15 testimony of Captain Trice, right?</p> <p>16 A I did not.</p> <p>17 Q Do you think it would have been helpful to</p> <p>18 review the radiology films to render your opinion</p> <p>19 about an abscess formation?</p> <p>20 A Again, I'm not a radiologist so even when I</p> <p>21 review a film on my own, which I try to look at every</p> <p>22 film that I order on my patients, if I see something</p> <p>23 I will go and ask the radiologist, you know, what is</p> <p>24 this or, you know, you commented on the presence of</p>	<p style="text-align: center;">Page 44</p> <p>1 St. Elizabeth's Hospital on April -- I'm sorry,</p> <p>2 February 25th, 2015, is that right?</p> <p>3 A Correct.</p> <p>4 Q And under the findings section, I want to</p> <p>5 bring your attention to the third line from the</p> <p>6 bottom where it talks about there is a possible deep</p> <p>7 abscess measuring 12 millimeters in diameter. Did I</p> <p>8 read that correctly?</p> <p>9 A Yes.</p> <p>10 Q Your opinion about the existence of an</p> <p>11 abscess in this case, does it stem from your review</p> <p>12 of this report?</p> <p>13 A Yes.</p> <p>14 Q Is there anything else you reviewed that</p> <p>15 allowed you to conclude that there was in fact an</p> <p>16 abscess or that Mr. James in fact had an abscess in</p> <p>17 this case?</p> <p>18 A Just the report and then the physical exam</p> <p>19 findings I think prior to this CAT scan being done of</p> <p>20 the swelling that he had on his face the size of a</p> <p>21 tennis ball.</p> <p>22 Q Now, you agree that a person who is struck in</p> <p>23 the face can have swelling in their face?</p> <p>24 A Yes.</p>

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<p>1 Q And that swelling could be the result of the 2 trauma itself, correct? 3 A Yes. 4 Q And it doesn't mean that they have an 5 infection necessarily? 6 A Not necessarily. It depends on when that 7 swelling occurs related to the trauma. 8 Q Okay. And so in this case the trauma 9 occurred on January the 11th, 2015, does that sound 10 about right? 11 A Yes. 12 Q Are you opining that just because he had 13 swelling on the examination that was done on 2/25/15, 14 let's assume that there was swelling on that date, 15 that that must have been an infection? 16 A Based on his symptoms at the time on the 25th 17 and before with the elevated temperature and the 18 increase in pain and swelling that he had that was 19 not present after the trauma, yes. 20 MR. QUINN: Let's take a look at the records from 21 2/25/15 from St. Elizabeth's Hospital. So this will 22 be Exhibit No. 5. 23 (Whereupon, Angarone Exhibit 5 was marked 24 for identification.)</p>	<p>1 here. 2 So under conditions present on arrival, it 3 says no conditions present, do you see that? 4 A Yes. 5 Q What does that mean to you when you reviewed 6 this -- you did review this? 7 A Yes, I did. 8 Q What does that mean to you? 9 A So that would tell me that either they're 10 looking at what his medical history is or any 11 problems that he has that were present when he came 12 into the ER. I don't take emergency room 13 documentation, so I don't know what the question was 14 that they asked. 15 Q Okay. Give me just a second. 16 Now, at this particular time if you look 17 at under history of present illness right before the 18 section that says conditions present on arrival, it 19 says he has fracture to the orbit, not put on 20 antibiotics, do you see that? 21 A Yes. 22 Q Did I read that correctly? 23 A Yes, you did. 24 Q Now, this was 2/25 of '15. Based on your</p>
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<p>1 BY MR. QUINN: 2 Q Exhibit 5 is four pages of the presentation 3 to the emergency department by Mr. James on 2/25/15, 4 is that correct? 5 A Yes. 6 Q And it consists of five pages? 7 A Yes. 8 Q Starting with St. Elizabeth's 59 through 9 St. Elizabeth's 63, correct? 10 A Yes. 11 Q Now, if you look under history of present 12 illness, do you see that on the first page? 13 A Yes. 14 Q So it says the patient complains of left 15 facial swelling for three weeks, right? 16 A Yes. 17 Q Is it your opinion that swelling in a facial 18 area for three weeks means that there is an 19 infection? 20 A For that long, no. I mean, without any other 21 symptoms indicating infection, no, not in and of 22 itself. 23 Q So let's say that he's had swelling for three 24 weeks and he has -- well, let's take a look at this</p>	<p>1 review is it true that he was not placed on 2 antibiotics on 2/25/15? 3 A He was placed on antibiotics two or three 4 days before. 5 Q Right. So this statement under history of 6 present illness is not accurate, right? 7 A Correct. 8 Q If you look under page 3 of that section here 9 of this document which has the physical exam right at 10 the top, do you see that? 11 A Yes. 12 Q And you look under the temperature that was 13 taken at 17:28, what was his temperature? 14 A 98.7. 15 Q Is that a low grade fever? 16 A No. 17 Q That's within normal limits, correct? 18 A Yes. 19 Q So that would be inconsistent with an 20 infection at least, right? 21 A At this time of his presentation, yes, but 22 fevers don't persist all the time, so fevers can come 23 and go. 24 Q Okay. But at least at this time he had a</p>

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<p>1 normal temperature, right?</p> <p>2 A At the time of his presentation he had a</p> <p>3 normal temperature.</p> <p>4 Q Okay. So let's go back to Exhibit No. -- the</p> <p>5 report, the CT scan report.</p> <p>6 So we're looking at Exhibit 4, the CT scan</p> <p>7 report. On the report it does say there's a possible</p> <p>8 deep abscess on this date, right?</p> <p>9 A Yes.</p> <p>10 Q We do know that at that time on 2/25/15 that</p> <p>11 his temperature was 98.7 at 5:28 p.m., right?</p> <p>12 A Yes.</p> <p>13 Q So at least that temperature in and of itself</p> <p>14 is not consistent with an infection?</p> <p>15 A At the time that he's presenting to the ER,</p> <p>16 no, but he had had fevers before.</p> <p>17 Q Right. Now, this says that this is a</p> <p>18 possible deep abscess measuring 12 millimeters in</p> <p>19 diameter.</p> <p>20 Doctor, as you sit here today, can you</p> <p>21 testify to a reasonable degree of medical certainty</p> <p>22 in your field of infectious disease that Mr. James in</p> <p>23 fact had an abscess at the time of his exam?</p> <p>24 A Yes, prior to him presenting for this CAT</p>	<p>1 A 10.1.</p> <p>2 Q Is that within normal limits?</p> <p>3 A Yes, it's the high end of normal.</p> <p>4 Q Okay. So because normal is 4.8 to 10.8</p> <p>5 according to this particular lab, right?</p> <p>6 A Yes.</p> <p>7 Q And so his white blood cells were not</p> <p>8 elevated?</p> <p>9 A They were on the high end of normal, so they</p> <p>10 weren't abnormally elevated but they were on the high</p> <p>11 end of normal.</p> <p>12 Q Okay, fair enough. They weren't abnormally</p> <p>13 elevated, and so is this white blood cell count</p> <p>14 inconsistent with someone who has an infection such</p> <p>15 as an abscess?</p> <p>16 A No, you can still have an infection and have</p> <p>17 a normal white blood cell count. So an elevated</p> <p>18 white blood cell count can be a marker that there's</p> <p>19 an infection, but it does not always occur</p> <p>20 100 percent of the time.</p> <p>21 Q But you can also have changes in a CT scan</p> <p>22 such as in this case and not be an abscess as well?</p> <p>23 A Correct.</p> <p>24 Q So back to your report that you authored,</p>
<p style="text-align: center;">Page 50</p> <p>1 scan he had a CAT scan before, so I think five days</p> <p>2 before, that did not show any of the fluid</p> <p>3 collection. It showed soft tissue swelling. He then</p> <p>4 subsequently developed fevers before the 25th I think</p> <p>5 to a temperature max of 102.3 which are all</p> <p>6 indicative of an abscess.</p> <p>7 Q They are consistent with an abscess, right?</p> <p>8 A Yes.</p> <p>9 Q Is it possible that you can have the sequela</p> <p>10 of symptoms on presentation and not be an abscess</p> <p>11 though?</p> <p>12 A It could but he has image findings that are</p> <p>13 pointing towards this being an abscess, and so with</p> <p>14 his symptoms and his fever, seeing that he has fluid</p> <p>15 in the deep spaces of the face, one would make the</p> <p>16 conclusion that he had an abscess.</p> <p>17 Q An abscess, okay.</p> <p>18 Let's go back to your report which is</p> <p>19 Exhibit No. 3, but before we go do that, I'm sorry,</p> <p>20 let's go back to that 2/25 visit which is Exhibit</p> <p>21 No. 5.</p> <p>22 If you look at page 4 of that exhibit,</p> <p>23 under white blood cell count, his white blood cell</p> <p>24 count was what?</p>	<p style="text-align: center;">Page 52</p> <p>1 which is Exhibit No. 3, and let's go to the second</p> <p>2 page. And so looking at 4a, you go through somewhat</p> <p>3 of the history of the facts in the case, right?</p> <p>4 A Yes.</p> <p>5 Q Under number 4, and so would these particular</p> <p>6 facts be the facts you used to render or to conclude</p> <p>7 your -- or to come up with your opinions?</p> <p>8 A Yes.</p> <p>9 Q And is there anything outside of this</p> <p>10 document and outside of these facts that you relied</p> <p>11 upon in forming your opinions in this case?</p> <p>12 A No, I used what's written here.</p> <p>13 Q Okay. So we do know that on January the</p> <p>14 11th, Dustin was involved in an altercation in the</p> <p>15 St. Claire County Jail, correct?</p> <p>16 A Yes.</p> <p>17 Q And he evidently suffered injury to his it</p> <p>18 looked like the left side of his face, right?</p> <p>19 A Yes.</p> <p>20 Q Now, he was at that time after the</p> <p>21 altercation at the jail, he was sent to</p> <p>22 St. Elizabeth's Hospital, correct?</p> <p>23 A Correct.</p> <p>24 (Whereupon, Angarone Exhibit 6 was marked)</p>

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<p>1 for identification.)</p> <p>2 BY MR. QUINN:</p> <p>3 Q And if you look at the medical records from</p> <p>4 St. E's on 1/12/2015, which we'll mark as Exhibit No.</p> <p>5 6, and I'll give you a chance to look at that, but</p> <p>6 you would agree with me that at the time of his</p> <p>7 treatment on January 12, 2015, that he received a CT</p> <p>8 scan which did show a comminuted left zygomatic arch</p> <p>9 fracture and possible left orbital fracture, is that</p> <p>10 correct?</p> <p>11 A Yes.</p> <p>12 Q Now, when they treated him of course he did</p> <p>13 receive sutures?</p> <p>14 A Yes, he did.</p> <p>15 Q And he was not prescribed at that time any</p> <p>16 antibiotics, right?</p> <p>17 A He was not, no.</p> <p>18 Q Okay. Now, so the jail after the altercation</p> <p>19 promptly sent him out to the ER. You agree with</p> <p>20 that, correct?</p> <p>21 A Yes.</p> <p>22 Q And you have no criticisms of their actions</p> <p>23 at that time?</p> <p>24 A I do not, no.</p>	<p>1 Q And so at Archview he was seen on January 26,</p> <p>2 2015, and at that point in time they did not provide</p> <p>3 any type of antibiotic prescription to him, did they?</p> <p>4 A They did not.</p> <p>5 Q But there was an examination of him?</p> <p>6 A Yes.</p> <p>7 Q And they determined that they could not</p> <p>8 perform any treatment on him at that time?</p> <p>9 A Correct.</p> <p>10 Q All right. And we do know that on January</p> <p>11 the 28th he was sent back to Quantum Vision Center,</p> <p>12 correct?</p> <p>13 A Yes.</p> <p>14 Q And again he was sent there from the</p> <p>15 St. Claire County Jail, right?</p> <p>16 A Yes.</p> <p>17 Q And you realize that the doctor there,</p> <p>18 Dr. Larson, made that referral to Quantum, correct?</p> <p>19 A Yes.</p> <p>20 Q And you realize do you agree that every time</p> <p>21 he was sent out of the St. Claire County Jail that</p> <p>22 the doctor is the one who has to make that referral</p> <p>23 out?</p> <p>24 A Yes.</p>
<p style="text-align: center;">Page 54</p> <p>1 Q Now, he was also sent to it looks like on</p> <p>2 January the 16th of 2015 approximately four days</p> <p>3 after being sent to St. Elizabeth's Hospital he was</p> <p>4 sent to Quantum Vision Center?</p> <p>5 A Yes.</p> <p>6 Q And it was pretty much they decided that</p> <p>7 based on their examination no treatment was required</p> <p>8 at the time?</p> <p>9 A Correct.</p> <p>10 Q And they did not prescribe any antibiotics to</p> <p>11 him?</p> <p>12 A No, they did not.</p> <p>13 Q On January the 26th, 2015, he was sent to</p> <p>14 Archview Medical Specialists for an appointment?</p> <p>15 A Yes.</p> <p>16 Q And he was sent there from the St. Claire</p> <p>17 County Jail, right?</p> <p>18 A Yes, I believe so.</p> <p>19 Q And the medical staff there made that</p> <p>20 referral to this outside medical provider, correct?</p> <p>21 A Can you repeat the question, sorry.</p> <p>22 Q The medical provider at the center, I mean at</p> <p>23 the St. Claire County Jail sent him to Archview?</p> <p>24 A Yes.</p>	<p style="text-align: center;">Page 56</p> <p>1 Q And that's not Debra Hale?</p> <p>2 A Correct.</p> <p>3 Q You agree that Debra Hale doesn't have the</p> <p>4 authority to send him out of the St. Claire County</p> <p>5 Jail without a doctor's order?</p> <p>6 A Correct.</p> <p>7 Q So at Quantum Vision Center on January 28th,</p> <p>8 2015, he's seen. They determine that the exam is</p> <p>9 satisfactory and no treatment was required, correct?</p> <p>10 A Correct.</p> <p>11 Q And they did not prescribe any antibiotics to</p> <p>12 him at that time?</p> <p>13 A No.</p> <p>14 Q All right. So now if you go to February</p> <p>15 the 19th, according to your report the plaintiff</p> <p>16 awoke with severe swelling and pain on the left side</p> <p>17 of his face, right?</p> <p>18 A Correct.</p> <p>19 Q And where did you get that information?</p> <p>20 A That was from I believe the deposition from</p> <p>21 the plaintiff as well as reading the medical records</p> <p>22 from the prison.</p> <p>23 Q Okay. And so you're saying that the medical</p> <p>24 records from the prison documented that he had severe</p>

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<p>1 swelling and pain?</p> <p>2 A I think he commented on the severe. I would</p> <p>3 have to look to see exactly.</p> <p>4 Q Okay. But at least from his deposition he</p> <p>5 said he had severe swelling on the side of his face?</p> <p>6 A Yes.</p> <p>7 (Whereupon, Angarone Exhibit 7 was marked</p> <p>8 for identification.)</p> <p>9 BY MR. QUINN:</p> <p>10 Q All right. I'm going to show you it's the</p> <p>11 medical progress notes dated February the 19th, 2015.</p> <p>12 We'll mark this as Exhibit No. 7. I'll show you</p> <p>13 that, and I want you to look at the date of February</p> <p>14 the 19th, 2015, and let me know when you're done</p> <p>15 reading those two entries.</p> <p>16 A Okay.</p> <p>17 Q So we do note from this particular note of</p> <p>18 February 19, 2015, at exactly 0815 --</p> <p>19 A This is a different one.</p> <p>20 MS. FRITZ: Oh, is it?</p> <p>21 BY MR. QUINN:</p> <p>22 Q Sorry about that, but at 0815 on 2/19/2015 it</p> <p>23 looks like Debra Hale made a note, correct?</p> <p>24 A Yes.</p>	<p>1 pain medications at that time, right?</p> <p>2 A Yes.</p> <p>3 Q And at that time Ms. Hale placed him on the</p> <p>4 M.D. line so he could be seen to receive a</p> <p>5 prescription for pain medication?</p> <p>6 A Yes.</p> <p>7 Q Do you have any criticisms of Ms. Hale for</p> <p>8 that action?</p> <p>9 A No.</p> <p>10 Q Okay. Now, the very next day -- so he</p> <p>11 presents on February 19th. He's wanting pain</p> <p>12 medications. He becomes upset when Ms. Hale tells</p> <p>13 him that he didn't have a prescription so she could</p> <p>14 not give the medicine without an M.D. prescription,</p> <p>15 is that a fair description of the event?</p> <p>16 A Correct.</p> <p>17 Q And you do agree that Ms. Hale as a nurse</p> <p>18 cannot give out prescription medication, correct?</p> <p>19 A Correct, without a physician's order.</p> <p>20 Q So on the very next day he's seen at SLU Care</p> <p>21 Plastic Surgery clinic, right?</p> <p>22 A Correct.</p> <p>23 MR. QUINN: Let's get that record out. We'll</p> <p>24 mark that as Exhibit No. 8.</p>
<p style="text-align: center;">Page 58</p> <p>1 Q And if you read that note it doesn't indicate</p> <p>2 there that the facial swelling was severe, does it?</p> <p>3 A It does not, no.</p> <p>4 Q And you can put that to the side.</p> <p>5 And so we also note in your report that</p> <p>6 you state that he had difficulty opening the left eye</p> <p>7 secondary to the swelling, right?</p> <p>8 A Yes.</p> <p>9 Q And where did you get that information?</p> <p>10 A So again I think that was from his</p> <p>11 deposition.</p> <p>12 Q Okay, from his deposition. Do you know if</p> <p>13 you reviewed that anywhere else in the records?</p> <p>14 A I do not recall, no.</p> <p>15 Q Okay.</p> <p>16 A On the SLU Care there was left eye pain.</p> <p>17 Q What date was that?</p> <p>18 A That was 2/20.</p> <p>19 Q We'll get to that in a second.</p> <p>20 And you do note in your report that on</p> <p>21 that date of February 19th, 2015, there was somewhat</p> <p>22 of a -- strike that. The plaintiff became angry?</p> <p>23 A Yes.</p> <p>24 Q Because he didn't have a prescription for</p>	<p style="text-align: center;">Page 60</p> <p>1 (Whereupon, Angarone Exhibit 8 was marked</p> <p>2 for identification.)</p> <p>3 BY MR. QUINN:</p> <p>4 Q So he's seen at SLU Plastic Surgery on the</p> <p>5 day after the verbal altercation took place, right?</p> <p>6 A Correct.</p> <p>7 Q Doctor, do you know when this appointment was</p> <p>8 made?</p> <p>9 A It seems looking through the records that it</p> <p>10 was a scheduled appointment, but I do not know when</p> <p>11 it was made.</p> <p>12 Q Okay. So can we agree that this appointment</p> <p>13 was made ahead of time of the 20th?</p> <p>14 A Yes.</p> <p>15 Q And so by the time he came on the 19th the</p> <p>16 medical appointment to SLU had already been</p> <p>17 scheduled?</p> <p>18 A Yes.</p> <p>19 Q And so he's seen by a Dr. Bruce Kraemer at</p> <p>20 SLU, correct?</p> <p>21 A Yes.</p> <p>22 Q Now, we're looking at Exhibit No. 8. These</p> <p>23 are the medical records from the SLU Care</p> <p>24 appointment, and it looks like we have a total of --</p>

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<p>1 there are ten pages, I'm sorry, eleven pages of 2 medical records and I believe you have an 3 authorization before the records?</p> <p>4 A Yes.</p> <p>5 Q So if you start from the records and go to 6 the last page it should be eleven pages of records, 7 right?</p> <p>8 A Yes.</p> <p>9 Q Is there a page after that eleventh page?</p> <p>10 A No.</p> <p>11 Q So he's seen on the 20th by Dr. Kraemer, and 12 if you look at page 4 of the medical records in that 13 Exhibit No. 8 --</p> <p>14 A Yes.</p> <p>15 Q -- you'll see that they did see him on 16 2/20/2015, and he was examined by Dr. Kraemer along 17 with his resident, correct?</p> <p>18 A Yes.</p> <p>19 Q And so they took his temperature, and at that 20 time his temperature was 100 degrees Fahrenheit?</p> <p>21 A Yes.</p> <p>22 Q And I think you described that as a low grade 23 temperature, correct?</p> <p>24 A Yes.</p>	<p>1 Q And so it also states under assessment where 2 it says diagnostic imaging unavailable, was sent for 3 computed tomography scan, do you see that?</p> <p>4 A Yes.</p> <p>5 Q So at the time they saw him initially there 6 was no CT scan at that time done?</p> <p>7 A At the exact time -- at the time of the 8 visit, no.</p> <p>9 Q Right, at the time of the visit, no. Okay, 10 so now if you look down further on that same page.</p> <p>11 A Page 4?</p> <p>12 Q Yes, sir. There is an addendum, right? Do 13 you see that under plan?</p> <p>14 A Yes.</p> <p>15 Q Okay. In your review of this particular 16 document, what is your understanding of this 17 particular section, this addendum section to be? 18 What is that?</p> <p>19 A Can you reframe the question? I don't 20 understand what you're asking.</p> <p>21 Q So what is an addendum to a medical record?</p> <p>22 A Okay. So an addendum would be if I were to 23 write a note at the time that I see a patient and then if data becomes available or information becomes</p>
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<p>1 Q And they also noted that swelling -- there 2 was swelling on his left cheek area which was tender, 3 right?</p> <p>4 A Yes.</p> <p>5 Q Now, they also note though, however on exam 6 that there was no overt evidence of infection aside 7 from the swelling, right? I mean, that's what's 8 contained on the record, no overt evidence of 9 infection aside from swelling?</p> <p>10 A I'm just trying to see where.</p> <p>11 Q Sure, take your time. Is that a true 12 statement?</p> <p>13 A That's what they say.</p> <p>14 Q Do you agree with that statement?</p> <p>15 A Again, I don't know what they're looking at 16 or what they're commenting on of no overt because 17 they do see swelling. So he had swelling and he has 18 tenderness in that area, so in terms of no overt, I 19 don't know what they're commenting on or what they're 20 trying to put forth there. So I can't interpret what 21 they're meaning by no overt evidence of infection.</p> <p>22 Q Doctor, can tenderness along with swelling 23 result from trauma absent an infection?</p> <p>24 A It can, yes.</p>	<p>1 available after I've seen the patient that alters my 2 initial plan. So if I have initial plan A but I get 3 a lab test back or an imaging test or a call from the 4 patient that changes what my plan for A is, an 5 addendum might entail what now I want to do based on 6 this information or an addendum might be just 7 updating the patient on what the information was from 8 the lab test. So it's just a way to document that, 9 yes, I viewed or I'm aware of new information and 10 I've made the patient available or aware or at least 11 I'm aware of what's going on.</p> <p>12 Q In your review of this particular medical 13 record from SLU Care and the addendum section 14 specifically as well as your review of other 15 documents, can you explain what caused this 16 particular provider to add an addendum to this 17 record?</p> <p>18 A So to me from reading this it seems that when 19 the provider reevaluated the temperature, the pain 20 and swelling as well as some of the findings on the 21 CAT scan with some edema of the soft tissues, he was 22 worried that there may be an infection that is there 23 on the face or within the area of the fracture and 24 wanted to act on that and so he recommends starting</p>

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<p>1 or wants to start an antibiotic.</p> <p>2 Q So would you agree that it appears from the</p> <p>3 record that the CT scan was done after the patient</p> <p>4 had already been seen?</p> <p>5 A Yes, so it seems like the provider, this</p> <p>6 provider saw the patient with one of his residents</p> <p>7 and then recommended that day, so right after they</p> <p>8 were done seeing him, that he get a CT scan of his</p> <p>9 face to evaluate the fracture and what might be going</p> <p>10 on with the face, and then the addendum was after</p> <p>11 evaluation of that procedure. That's the way that I</p> <p>12 would interpret this.</p> <p>13 Q Let's read this into the record. I'll read</p> <p>14 it, if you don't mind, and if you just follow along</p> <p>15 with me and make sure I am reading it correctly the</p> <p>16 addendum section on page 4 of Exhibit No. 8.</p> <p>17 It says computed tomography scan shows</p> <p>18 minimally displaced zygomaticomaxillary fracture, is</p> <p>19 that right?</p> <p>20 A Yes.</p> <p>21 Q Okay. Probably wasn't pretty but I got</p> <p>22 through it.</p> <p>23 We'll see the patient back in two weeks</p> <p>24 and says his swelling of healing at that time.</p>	<p>1 Q And because of that the patient was sent back</p> <p>2 to the jail and Dr. Kraemer then wanted to put him on</p> <p>3 Cipro 500 milligrams, right?</p> <p>4 A Yes, yes.</p> <p>5 Q And so you would agree that when he was</p> <p>6 originally sent back to the jail he did not have a</p> <p>7 prescription for Cipro?</p> <p>8 A Correct.</p> <p>9 Q Now, do you also understand, Doctor, that</p> <p>10 February the 20th, 2015, was a Friday?</p> <p>11 A That's what I ended up understanding from</p> <p>12 reading the records and from his note.</p> <p>13 Q Right. So that's why he says that he must</p> <p>14 have called later and he left a message with the</p> <p>15 medical department, right? That's what the medical</p> <p>16 record says, correct?</p> <p>17 A Yes.</p> <p>18 Q And then he says I will follow up on Monday</p> <p>19 morning as well, right?</p> <p>20 A Yes.</p> <p>21 Q Doctor, do you have any criticisms of</p> <p>22 Dr. Kraemer for seeing Mr. James and sending him back</p> <p>23 to the jail without a prescription for Cipro and</p> <p>24 before reviewing his CT scan that he got on him?</p>
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<p>1 That's what it says, right?</p> <p>2 A Yes.</p> <p>3 Q Further it goes on to state that please see</p> <p>4 resident's note for further details. We had wanted</p> <p>5 the patient to return to clinic after his scan but he</p> <p>6 failed to do so. Given the paucity of radiographic</p> <p>7 findings, his swelling in his temperature, I called</p> <p>8 the jail where he is residing. I left a message with</p> <p>9 the medical department that I would recommend putting</p> <p>10 him on Cipro 500 milligrams twice daily and I gave</p> <p>11 them my cell number to call me over the weekend if</p> <p>12 they have questions, and we will try to reach them</p> <p>13 again Monday morning.</p> <p>14 Did I read that correctly?</p> <p>15 A Yes.</p> <p>16 Q And the name underneath this particular note</p> <p>17 is Bruce Kraemer, correct?</p> <p>18 A Yes.</p> <p>19 Q Now, it appears here that the -- do you agree</p> <p>20 that when the patient received his CT scan that he</p> <p>21 did not return to the clinic to see Kraemer,</p> <p>22 Dr. Kraemer?</p> <p>23 A That's what it seems like from what the</p> <p>24 documentation states.</p>	<p>1 A So from reading the records by Dr. Kraemer,</p> <p>2 he wanted to see him back. So why Mr. James did not</p> <p>3 come back to see him after the CAT scan, I don't</p> <p>4 know. I'm not aware of why that occurred, but the</p> <p>5 actions that Dr. Kraemer was taking with getting the</p> <p>6 CAT scan and then wanting to reevaluate Mr. James,</p> <p>7 and then again he sees the CAT scan, looks at what</p> <p>8 the patient's symptoms were and his vital signs were</p> <p>9 when he was initially seen, he decides that, well, he</p> <p>10 may have an infection so we should treat this with</p> <p>11 the low grade fever as well as the elevation in</p> <p>12 pulse, so his pulse was 115, and also the findings on</p> <p>13 the CAT scan where there were some soft tissue</p> <p>14 swelling.</p> <p>15 But, again, I don't know why the patient</p> <p>16 did not come back to see him in the clinic. I don't</p> <p>17 know if it was Dr. Kraemer who discharged the patient</p> <p>18 back, but based on the records, Dr. Kraemer wanted to</p> <p>19 see him back after the CAT scan.</p> <p>20 Q Of course it wasn't Debra Hale who caused the</p> <p>21 patient to be sent back to the jail before going back</p> <p>22 to the clinic?</p> <p>23 A I'm not aware of who called him back.</p> <p>24 Q Okay. So based on information you know to</p>

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<p>1 date, you don't criticize Debra Hale -- you don't 2 have any criticisms of Debra Hale because this 3 patient left Dr. Kraemer's clinic or left from SLU 4 Care after receiving a CT scan and went back to jail, 5 do you?</p> <p>6 A No, I do not.</p> <p>7 Q So let's look at that CT scan. Let's look at 8 page 5, and page 5 at the bottom it talks about CT 9 facial bones, do you see that?</p> <p>10 A Yes.</p> <p>11 Q And you would agree that's the CT scan that 12 was done -- well, you know what, strike that. 13 Let's go to page 10 of that report.</p> <p>14 A Okay.</p> <p>15 Q So in this report there is no mention here of 16 an abscess, is there?</p> <p>17 A There is not, no.</p> <p>18 Q Is there anything in this report that even 19 talks about findings that there could be a possible 20 abscess?</p> <p>21 A No, there is not.</p> <p>22 Q And so what they see to the left cheek is 23 simply soft tissue swelling, correct?</p> <p>24 A Yes.</p>	<p>1 that correctly?</p> <p>2 A Yes.</p> <p>3 Q Now, you do realize he called after the 4 patient already left for the jail?</p> <p>5 A Yes.</p> <p>6 Q And that when the patient left from the 7 particular clinic or from the SLU Care area and after 8 receiving a CT scan he did not have a prescription 9 for Cipro, did he?</p> <p>10 A He did not, no.</p> <p>11 Q And you do understand this was a Friday, 12 February the 20th, 2015, right?</p> <p>13 A Yes, based on reading the records, yes.</p> <p>14 Q Now, he said he called and left a message 15 with the medical department. Do you know who he 16 called or what number he called?</p> <p>17 A I do not, no.</p> <p>18 Q You do realize that the medical department is 19 open all hours of the day and night at the St. Claire 20 County Jail?</p> <p>21 A I'm not aware of that.</p> <p>22 Q You don't have a reason to disagree with 23 that, right?</p> <p>24 A I do not, no.</p>
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<p>1 Q And you would agree that based on the finding 2 and given Dr. Kraemer's note, the Cipro was 3 prescribed really out of an abundance of caution in 4 case there was an infection?</p> <p>5 A Well, I think he had the low grade 6 temperature, the increased pulse rate, the pain that 7 he was having at the side of the face and then the 8 CAT scan does show as well as their exam the swelling 9 that he has, and so there's soft tissue swelling 10 which could be indicative of a soft tissue infection, 11 and so when you put those together, that would be the 12 reason to give the Ciprofloxacin.</p> <p>13 Q Right. So let's go to your report here which 14 is -- let's go to the third page of your report. 15 Actually, let's just look at letter D of your report. 16 I'm going to start reading the last sentence of that 17 paragraph. It says the plaintiff did not return to 18 the clinic after his CT scan. Did I read that 19 correctly?</p> <p>20 A Correct.</p> <p>21 Q It says Dr. Kraemer reviewed the CT scan, the 22 exam and the elevated temperature and called a 23 prescription for Ciprofloxacin 500 milligrams twice 24 per day to the St. Claire County Jail. Did I read</p>	<p>1 Q And if I wanted to call the St. Claire County 2 Jail now I could call the medical department right 3 now, right? You don't have any reason to disagree 4 with that?</p> <p>5 A I don't have any reason to disagree with 6 that, no.</p> <p>7 MR. QUINN: Can we take like a five-minute break 8 right there?</p> <p>9 THE WITNESS: Sure.</p> <p>10 (Recess.)</p> <p>11 BY MR. QUINN:</p> <p>12 Q All right. So according to Dr. Kraemer's 13 note, he did call the facility to leave a message at 14 the medical department at the jail, right?</p> <p>15 A Yes.</p> <p>16 Q Now, you don't know what number he called, 17 correct?</p> <p>18 A I have no idea.</p> <p>19 Q You never heard the message he left or 20 anything, right?</p> <p>21 A No, I didn't.</p> <p>22 Q As a matter of fact, other than reading his 23 note, you don't even know if he did in fact call the 24 jail, do you?</p>

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<p>1 A From the note I can't tell that, but there's 2 an answer or someone does get the voicemail I think 3 on Monday from reading the records.</p> <p>4 Q On Monday, and this was over the weekend. 5 The date of February 20th I think we said was a 6 Friday, right?</p> <p>7 A Yes.</p> <p>8 Q Okay. And we don't know from reading this 9 record what number he dialed, right?</p> <p>10 A No.</p> <p>11 Q And he also indicated that he would call 12 again Monday morning, all right, is that right?</p> <p>13 A Correct.</p> <p>14 Q And let me ask you this. So are you 15 criticizing Debra Hale for the patient being sent 16 back to jail without a prescription for Cipro?</p> <p>17 A No.</p> <p>18 Q Okay. What is your criticism of Debra Hale 19 during this particular circumstance where the patient 20 is sent back to jail without a prescription for 21 Cipro?</p> <p>22 A So I don't believe it was Debra Hale's 23 responsibility, you know, with getting him back to 24 the jail or sending him back to the jail. It was the</p>	<p>1 Monday, so inmate did not get Cipro until February 2 22nd or 23rd. Call received by plastics on 2/23 to 3 give Cipro.</p> <p>4 Q Do you understand what Debra Hale's position 5 was at the jail?</p> <p>6 A She was the nurse. I believe she was the 7 charge nurse or the nurse manager of the jail.</p> <p>8 Q Okay. And let's assume that Ms. Hale had a 9 separate line from the line to the medical 10 department. Let's just assume that for this 11 question, and let's also assume that the doctor 12 called Debra's direct line on this Friday after this 13 appointment sometime and not the number to the 14 medical department. Are you critical of Debra Hale 15 for not receiving a message on her direct line on 16 that Friday when she was gone from the facility?</p> <p>17 A If it was to her direct line, so I don't know 18 how often her direct line is checked or I don't know 19 how these numbers are handled or where the messages 20 go. So if it was her direct office line and she's 21 not there over the weekend, she's not going to 22 receive the message, but then I would ask why does 23 Dr. Kraemer have her direct line and not the line to 24 the jail infirmary to give a general message because</p>
<p style="text-align: center;">Page 74</p> <p>1 fact that the message got sent from Dr. Kraemer to 2 the prison.</p> <p>3 Q You're assuming that?</p> <p>4 A So based on -- so the fact that the message 5 was actually listened to on February 23rd and then 6 his antibiotics were given to him, and so no one 7 looked at or listened to the messages or reviewed any 8 messages that might have been sent over the weekend 9 by this physician, by Dr. Kraemer.</p> <p>10 Q And we don't know what number he called, do 11 we?</p> <p>12 A Do not, no.</p> <p>13 Q Do we know who retrieved the -- strike that. 14 Let me ask you this.</p> <p>15 You just stated that a message was 16 retrieved on Monday?</p> <p>17 A On February 23rd, yes.</p> <p>18 Q And where did you see that?</p> <p>19 A I would have to look to see where that was 20 documented.</p> <p>21 Q Okay. Well, you can take a look at your 22 notes and see.</p> <p>23 A I think it was Debra Hale's deposition. 24 There was a comment the message was not checked until</p>	<p style="text-align: center;">Page 76</p> <p>1 I don't know what number he is calling or how he gets 2 the numbers.</p> <p>3 Q That's a good point. Do you have knowledge 4 that the St. Claire County Jail's medical department 5 is open 24 hours a day, seven days a week?</p> <p>6 A I do not, no. I don't know what their hours 7 of operation are.</p> <p>8 Q Okay. So let's assume that the medical 9 department is open 24 hours a day, seven days a week, 10 and there is a number that you can call into the jail 11 or a direct number you can call to the medical 12 department, and in this particular case that number 13 was not called but the number of -- but the extension 14 directed to Debra Hale was when she was not at work. 15 Considering those facts or that hypothetical, would 16 you be critical of Debra Hale?</p> <p>17 A If the message went to her private number 18 then I would not be, no.</p> <p>19 MR. QUINN: Okay. I want to take a look at 20 another exhibit we will mark which is Exhibit No. 9. 21 (Whereupon, Angarone Exhibit 9 was marked 22 for identification.)</p> <p>23 BY MR. QUINN:</p> <p>24 Q All right. This is a group exhibit</p>

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<p>1 consisting of three pages. The first page of this 2 Group Exhibit 9 are nurses' notes. The first date is 3 2/23/2015 at 11:20. Do you see that note at the top 4 there, Doctor?</p> <p>5 A Yes.</p> <p>6 Q And it's the medical progress notes for 7 Dustin James, correct?</p> <p>8 A Yes.</p> <p>9 Q And on this note of February 23rd, 2015, at 10 11:20 it states received call from Dr. Kraemer's 11 office?</p> <p>12 A Yes.</p> <p>13 Q Something recommends?</p> <p>14 A It.</p> <p>15 Q It?</p> <p>16 MS. FRITZ: I think that's and.</p> <p>17 BY MR. QUINN:</p> <p>18 Q Okay. And it recommends Cipro 500 milligrams 19 PO BID times ten days related to, that's R slash T, 20 CT scan. Did I read that correctly?</p> <p>21 A Yes.</p> <p>22 Q And so this is the Monday after the Friday he 23 was seen, correct?</p> <p>24 A Yes.</p>	<p>1 A Yes.</p> <p>2 Q And the Cipro 500 milligrams PO BID it looks 3 like it was given on the 23rd at 9:00 p.m., right, 4 2100? Do you see a signature on the 23 number at 5 2100?</p> <p>6 A Yes.</p> <p>7 Q Okay. So --</p> <p>8 A Yeah, I'm just trying to -- there's the 09 9 and then the 21.</p> <p>10 Q Right. So their BID time was 9:00 in the 11 morning and 9:00 at night?</p> <p>12 A Yes.</p> <p>13 Q So you would agree that they received the 14 call from Dr. Kraemer's office on February 23rd, 15 2015, for the script for Cipro 500 milligrams by 16 mouth twice a day for ten days, right?</p> <p>17 A Yes.</p> <p>18 Q The order -- there's a prescription that was 19 written on the same day per telephone order from 20 Dr. Larson and that medication, Cipro 500 milligrams, 21 was given that same day, right?</p> <p>22 A Yes.</p> <p>23 Q Do you agree that that was a reasonable time 24 to receive that call, input the order and administer</p>
<p style="text-align: center;">Page 78</p> <p>1 Q Now, if you look at the second page, this 2 second page states this is Wexford Health Sources 3 physician order form, is that right?</p> <p>4 A Yes.</p> <p>5 Q And if you look at -- and this is for Dustin 6 James, right?</p> <p>7 A Yes.</p> <p>8 Q If you look at the next to last entry, there 9 is a script for Cipro 500 milligrams BID times ten 10 days, telephone order, Dr. Larson and then there's a 11 nurse's name right after that, is that right?</p> <p>12 A Yes.</p> <p>13 Q Do you see that?</p> <p>14 A Yes.</p> <p>15 Q Do you agree with that?</p> <p>16 A Yes.</p> <p>17 Q Now, it says that if you look to the left, 18 the date is 2/23/2015?</p> <p>19 A Correct.</p> <p>20 Q All right. If you look at the next page -- 21 hold on just a second here.</p> <p>22 If you look at the next page, this is a 23 medication administration record for Dustin James, 24 right?</p>	<p style="text-align: center;">Page 80</p> <p>1 the first dosage to Dustin James?</p> <p>2 A For that day, yes.</p> <p>3 Q For that day, right. So you're not critical 4 of them delaying any type of administration of the 5 medication from the time they received the call from 6 Dr. Kraemer's office on Monday the 23rd of February, 7 2015, correct?</p> <p>8 A No.</p> <p>9 Q All right, thanks.</p> <p>10 Let's go back to your report. So we're on 11 the third page of your report. Let's go to letter G. 12 We already talked about the February 25th, 2015 13 appointment. Let's go to letter G.</p> <p>14 It says on March 2nd, 2015, the plaintiff 15 was again seen at SLU Care by plastic surgery, and I 16 want to take a look at that which is Exhibit -- the 17 SLU Care records are Exhibit No. 8 and I'll hand this 18 back to you.</p> <p>19 Let's go to I believe page 9. Please let 20 me know when you're there.</p> <p>21 A I'm there.</p> <p>22 Q Now, you say he was seen. Based on these 23 records this was simply a telephone encounter, right?</p> <p>24 A Okay, yeah, it appears to be, yes.</p>

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<p>1 Q So he was not seen. He called there and the 2 call was returned to him, is that right?</p> <p>3 A Yes.</p> <p>4 Q All right. And so reading the records on 5 March 2nd, 2015, at 1:20 p.m. he called -- it says 6 patient called and wanted to know if he could have an 7 antibiotic called in. His number is (618) 381-6640. 8 Did I read that correctly?</p> <p>9 A Where is that at, sorry?</p> <p>10 Q I'm sorry, page 9, are you there?</p> <p>11 A Is it at the bottom?</p> <p>12 Q In the middle there.</p> <p>13 A Oh, okay, sorry.</p> <p>14 Q So you see in the middle it says telephone 15 encounter by Lori M. Betts at 3/2/2015 at 1:20 p.m.?</p> <p>16 A Yes.</p> <p>17 Q And I just read what that telephone encounter 18 stated, correct?</p> <p>19 A Yes.</p> <p>20 Q Also according to the notes, if you look at 21 the top where it says telephone encounter by Oliver 22 Deigni, M.D., at 3/2/2015, 2:18 p.m., do you see 23 that?</p> <p>24 A Yes.</p>	<p>1 he was on Cipro and then they gave him Augmentin at 2 St. Elizabeth's.</p> <p>3 Q And the recommendation was complete those 4 antibiotics?</p> <p>5 A Yes.</p> <p>6 Q Do you have any understanding from your 7 review or otherwise the reason the patient called SLU 8 Care on 3/2 to receive an antibiotic when he was 9 already on antibiotics?</p> <p>10 A I do not, no.</p> <p>11 Q Okay.</p> <p>12 A Without knowing what the patient said I don't 13 know what he was exactly requesting.</p> <p>14 MR. QUINN: All right. Now, he was again seen at 15 St. Elizabeth's Hospital it looks like on March 21st, 16 2015. We'll mark that as Exhibit No. 10. (Whereupon, Angarone Exhibit 10 was marked 18 for identification.)</p> <p>19 BY MR. QUINN:</p> <p>20 Q All right. We marked as Exhibit 10 the 21 St. Elizabeth's Hospital emergency room records of 22 March 21, 2015, which consists of three pages, is 23 that correct, Doctor?</p> <p>24 A Yes.</p>
<p style="text-align: center;">Page 82</p> <p>1 Q Underneath that telephone encounter it states 2 that the patient states he was in jail for a week 3 after seeing us in the clinic on 2/20/2015, right?</p> <p>4 A Yes.</p> <p>5 Q He was released and he went to 6 St. Elizabeth's Hospital due to significant swelling 7 in his left face to the point where he could not eat 8 and had to be placed on a liquid diet. They repeated 9 a CT scan which showed an abscess. He was given a 10 ten-day prescription of Augmentin and has now taken 11 three days' worth. He notes good improvement of his 12 swelling. He denies any fevers and chills and states 13 he still has some blurry vision out of the left eye. 14 I recommend he complete his antibiotics and come to 15 our clinic as soon as possible with his CT scan on a 16 CD. We will evaluate him at that time.</p> <p>17 Did I read that correctly?</p> <p>18 A Yes.</p> <p>19 Q So he was not seen. He simply called and --</p> <p>20 A Right, that was my mistake.</p> <p>21 Q And so at that point there was no antibiotics 22 prescribed to him at that time, right?</p> <p>23 A He was continuing the antibiotics he got at 24 St. Elizabeth's, so they gave him the Augmentin. So</p>	<p style="text-align: center;">Page 84</p> <p>1 Q Now, apparently looking at this record you 2 would agree that the patient presented to 3 St. Elizabeth's Hospital ER on this date, right?</p> <p>4 A Yes.</p> <p>5 Q Now, under history of present illness, it 6 looks like it says patient here for complaints of 7 left facial pain and swelling, states had facial 8 fractures and then got infected, was treated here at 9 that time, was feeling better, but for two days now 10 feels like face pain and swelling coming back. 11 Denies n/v/f/c, I believe that's nausea, vomiting, 12 fever and chills?</p> <p>13 A Correct.</p> <p>14 Q Has appointment with SLU Clinic on 30th for 15 follow-up. Patient worried about infection coming 16 back. Requesting antibiotics and pain medication. 17 No swelling noted on exam and patient left face 18 without redness.</p> <p>19 Did I read that correctly?</p> <p>20 A Correct.</p> <p>21 Q So they noted that there was no swelling 22 noted on exam and his left face was without any 23 redness, correct?</p> <p>24 A Correct.</p>

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<p>1 Q And those signs would be inconsistent with an 2 infection, correct?</p> <p>3 A On his presentation, yes.</p> <p>4 Q Right. If you look at page 2, his 5 temperature was 98.1, right?</p> <p>6 A Yes.</p> <p>7 Q Okay. So that's not a sign of infection, is 8 it?</p> <p>9 A No.</p> <p>10 Q Okay. And based on this record and your 11 review of this record and other documents -- well, 12 strike that. Strike that.</p> <p>13 At the time of February 19, 2015, when the 14 patient presented to the medical unit at St. Claire 15 County Jail requesting pain medications, you would 16 agree that his medical condition at that time was not 17 a medical emergency?</p> <p>18 A Based on the information, no.</p> <p>19 Q Right. And you would agree with that?</p> <p>20 A Yes.</p> <p>21 Q That it was not --</p> <p>22 A It was not a medical emergency.</p> <p>23 Q Okay. Let's take a look at number 7 of your 24 report which is the last page of your report. So</p>	<p>1 possible is a medical emergency or a medical urgency. 2 You want to treat that infection as soon as you 3 identify it.</p> <p>4 Q So you're saying that the infection, let's 5 assume that this was in fact an infection that the 6 plaintiff had, that this was a medical emergency?</p> <p>7 A Well, it's a medical urgency. You need to 8 treat that as soon as possible.</p> <p>9 Q And I totally follow you with that, but the 10 question is was it a medical emergency?</p> <p>11 MR. PRENGAMAN: It's been asked and answered.</p> <p>12 BY MR. QUINN:</p> <p>13 Q You understand what a medical emergency as a 14 doctor is, right?</p> <p>15 A Yes.</p> <p>16 Q A medical emergency is something that 911 17 needs to be called.</p> <p>18 A So it's not a medical emergency in that 19 definition. It's a medical urgency. It needs to be 20 treated as soon as possible.</p> <p>21 Q So the fact that according to the note by 22 Dr. Kraemer that he left a message that he would call 23 back Monday, does that indicate to you that he felt 24 that maybe they would not get his message on Friday?</p>
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<p>1 this is a case in which you've given a deposition?</p> <p>2 A Yes.</p> <p>3 Q And what year was this case?</p> <p>4 A That was 2014, I believe.</p> <p>5 Q And this was for the defendant or the 6 plaintiff?</p> <p>7 A Defendant.</p> <p>8 Q And what did this case involve?</p> <p>9 A It involved the development of an infected 10 surgical site and decubitus ulcer in an individual 11 who was sent to a nursing home after a surgery or a 12 nursing facility after a surgery.</p> <p>13 Q Okay. And so you would agree that the 14 prescribing of Cipro 500 milligrams by Dr. Kraemer on 15 February 20th, 2015, was not for a medical emergency?</p> <p>16 A It was for an infection, and any infection is 17 an urgency. You want to treat infections as soon as 18 you identify them. So it wasn't a medical emergency 19 in the fact that he wasn't bleeding from a wound, but 20 he had an infection. He had a low grade fever. He 21 had tachycardia. He had pain, and on imaging and 22 exam he had swelling of that face. That could all be 23 consistent with an infection of the skin, and so I 24 would argue that treating an infection as soon as</p>	<p>1 MR. PRENGAMAN: Objection, form. Go ahead.</p> <p>2 THE WITNESS: I don't know what he was thinking 3 in terms of his wording of leaving a message and that 4 I would call again on Monday, so I can't interpret 5 what he was thinking by writing that in the note.</p> <p>6 BY MR. QUINN:</p> <p>7 Q Now, you have not physically examined 8 Mr. James yourself, correct?</p> <p>9 A I have not, no.</p> <p>10 Q So all of your opinions are based on your 11 review of the medical records and the items we 12 discussed in number 3 of your report, correct?</p> <p>13 A Correct.</p> <p>14 Q And, Doctor, you don't have opinions with 15 regard to Mr. James' prognosis, do you?</p> <p>16 A I do not, no.</p> <p>17 Q Okay. Doctor, have we covered all of your 18 opinions that you have in this case?</p> <p>19 A Yes.</p> <p>20 MR. QUINN: All right. I don't have anything 21 else, Matt, at this point.</p> <p>22 MR. PRENGAMAN: Okay, I have a couple.</p> <p>23 MR. QUINN: All right.</p> <p>24</p>

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<p>1 EXAMINATION 2 BY MR. PRENGAMAN: 3 Q Doctor, at the beginning of the deposition 4 you talk about skin versus internal abscess, is that 5 the correct terminology? 6 A Yes, or cutaneous versus internal, cutaneous 7 being skin. 8 Q Are the swelling of body parts indicative of 9 an abscess? 10 A It can be, yes. 11 Q Skin or internal or both? 12 A Both. 13 Q What about is it typical or standard or I 14 guess within the realm of normal possibilities for 15 swelling to come and go when associated with an 16 abscess or rather, I'm sorry, caused by an abscess? 17 A Typically the swelling will progress, and 18 when it regresses it's usually that the abscess is 19 resolving or going away. 20 Q In your review of the records, your opinion 21 and your testimony here today, did you see anything 22 that led you to believe that Nurse Hale referred the 23 plaintiff to a doctor for any swelling in his face? 24 A I did not, no, other than the appointment</p>	<p>1 Q You don't know what Nurse Hale meant by 2 noted, do you? 3 A No, I do not. 4 Q It could mean a minor swelling? 5 A Yes. 6 Q It could mean a severe swelling? 7 MR. QUINN: Objection, form, calls for 8 speculation. 9 THE WITNESS: Yes. 10 BY MR. PRENGAMAN: 11 Q You were asked and you answered you don't 12 know what phone number Dr. Kraemer called at the jail 13 in regards to Dustin James, is that correct? 14 A I do not, no. 15 Q Do you have any reason to know why 16 Dr. Kraemer would have gotten Nurse Hale's direct 17 line if such a line exists other than from Nurse 18 Hale? 19 A I do not know. 20 Q Would you find fault in Ms. Hale for giving 21 Dr. Kraemer her direct line and then failing to check 22 her messages over the weekend? 23 MR. QUINN: Objection to form of the question. 24 It assumes facts that are not in -- well, just</p>
<p>1 that he had on the 20th. 2 Q But do you see anything that led you to 3 believe that Nurse Hale made that appointment in 4 response to the plaintiff's request for medical care? 5 A I did not, no. 6 Q In your review of the medical records, did 7 you see anything that would indicate to you that the 8 plaintiff, Dustin James, had the ability to see a 9 doctor without being referred to one from a nurse? 10 MR. QUINN: Objection to the form of the 11 question. 12 THE WITNESS: I was not able to make that opinion 13 based on my review of the records. 14 BY MR. PRENGAMAN: 15 Q For Exhibit 7, it's the February 19th, 2015 16 medical progress note. 17 A Yes. 18 Q And it was discussed that Nurse Hale had 19 signed it, correct? 20 A Yes. 21 Q Okay. And Nurse Hale in fact wrote in 22 regards to Dustin James, the plaintiff, does have 23 noted facial swelling, do you see that? 24 A Yes.</p>	<p>1 objection to form of the question, calls for 2 speculation. 3 THE WITNESS: If that's the number that 4 Dr. Kraemer had, it would be Ms. Hale's 5 responsibility to check that message and follow up 6 the recommendations. 7 BY MR. PRENGAMAN: 8 Q And it is your opinion as you sit here today 9 that if Dustin James had seen a doctor on 10 February 19th, 2015, that would have resulted in an 11 earlier identification of the abscess that developed 12 on the left side of his face, is that correct? 13 A It would have resulted in earlier 14 identification of an infection that was developing 15 and earlier implementation of therapy for that 16 infection. 17 MR. PRENGAMAN: No further questions. 18 MR. QUINN: Just one follow-up -- well, one topic 19 for follow-up. 20 FURTHER EXAMINATION 21 BY MR. QUINN: 22 Q So is it your opinion that if Dr. Kraemer 23 called Debra Hale on her direct line that it was 24 Ms. Hale's fault?</p>

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<p>1 A So I would want to know why Dr. Kraemer had 2 her direct line as opposed to a direct line to the 3 medical infirmary, to the jail's infirmary. If the 4 only number he had was Ms. Hale's direct line and he 5 was calling that number and that number had medical 6 messages left on it for medical care, it would be her 7 responsibility to follow up on those. I don't know 8 what the answering system states or I don't know what 9 the message states, whether this is a private line, 10 do not leave any messages for medical care, but if 11 Dr. Kraemer had that number and that was the number 12 that he was calling then leaving a message regarding 13 medical care for one of the inmates, it would then be 14 the responsibility for Ms. Hale or someone to answer 15 that line after hours knowing that there may be calls 16 coming into that.</p> <p>17 Q So you don't know the process by which the 18 jail receives or responds to messages left on 19 telephone lines, correct?</p> <p>20 A I do not, no.</p> <p>21 Q You don't know if in fact Dr. Kraemer called 22 Ms. Hale's direct line how he received that number, 23 correct?</p> <p>24 A I do not, no.</p>	<p>1 know why Dr. Kraemer was calling a nonmedical care 2 line versus someone's personal line.</p> <p>3 Q Okay. So as we sit here today you don't know 4 why Dr. Kraemer would have called Debra Hale's direct 5 line?</p> <p>6 A I do not, no.</p> <p>7 Q And so because you don't know why he called 8 and you don't know how he got the number then you 9 really don't have an opinion as to criticisms of 10 Debra Hale in that regard?</p> <p>11 MR. PRENGAMAN: It mischaracterizes testimony.</p> <p>12 THE WITNESS: So if she's getting phone calls or 13 messages on her personal business line related to 14 patient care, there should be a way to follow up on 15 those messages in a timely manner.</p> <p>16 BY MR. QUINN:</p> <p>17 Q Do you know -- but what if she didn't give 18 Dr. Kraemer the number?</p> <p>19 A Again, I don't know how he got her number.</p> <p>20 Q So you would agree that even if she's 21 receiving, in this case received a call from 22 Dr. Kraemer at 6:42 p.m. on her direct line, okay, we 23 don't know, let me think about this, why 24 Dr. Kraemer called that line, do we?</p>
<p style="text-align: center;">Page 94</p> <p>1 Q You do realize that Debra Hale did not 2 accompany Dustin James to see Dr. Kraemer?</p> <p>3 A Correct.</p> <p>4 Q And so you're stating it's her responsibility 5 to check her messages, but you never worked in a 6 jail, right?</p> <p>7 A I did not, no.</p> <p>8 Q You never worked as a nurse manager in a 9 medical unit in a jail, did you?</p> <p>10 A No.</p> <p>11 Q And you don't have any expertise as to what 12 the policies and procedures are in a medical unit in 13 a jail, do you?</p> <p>14 A I do not, no.</p> <p>15 Q Now, do you know what time Dr. Kraemer left 16 the message on this particular --</p> <p>17 A I do not, no.</p> <p>18 Q If I told you 6:42 he left the message on a 19 phone line and that's the time on a Friday evening 20 that Ms. Hale was not at work, would you have 21 criticisms of Ms. Hale for not receiving that message 22 left by Dr. Kraemer while she was already gone from 23 her job?</p> <p>24 A So she would be gone, but I would want to</p>	<p style="text-align: center;">Page 96</p> <p>1 A No.</p> <p>2 Q We don't know if it's custom and practice for 3 providers to call that line and leave orders for 4 prescription medications, do we?</p> <p>5 A Do not know.</p> <p>6 Q And do you realize that the St. Claire County 7 Jail a number can be found if you Google the number, 8 did you know that?</p> <p>9 A I did not, no.</p> <p>10 Q You wouldn't be surprised by that?</p> <p>11 A It wouldn't surprise me, but I don't know.</p> <p>12 Q Do you agree that Dr. Kraemer once receiving 13 a voicemail could have called the St. Claire County 14 Jail and asked for the medical unit, couldn't he?</p> <p>15 MR. PRENGAMAN: Objection.</p> <p>16 THE WITNESS: Again, I don't know the processes. I would assume that he could, but I don't know.</p> <p>17 BY MR. QUINN:</p> <p>18 Q So you don't know the processes, right?</p> <p>19 A No.</p> <p>20 Q But you don't agree that you can Google the 21 St. Claire County Jail's number?</p> <p>22 A I'm sure you can.</p> <p>23 Q And as a doctor if you were in the situation</p>

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<p>1 of Dr. Kraemer, would you have left the message or 2 would you have called the medical unit and got a live 3 person?</p> <p>4 A If I had a phone number that was there with 5 the patient that I was seeing, I would call that 6 phone number. If that phone number went to a 7 personal line, I would expect, because I had that 8 number for that individual, I would expect that the 9 voicemail would say if this is for medical purposes 10 or regarding patient care, please call this number in 11 that voicemail because that would prompt me to call 12 the actual medical line.</p> <p>13 If there's a message that's there, I may 14 assume that that message is going to be checked, that 15 this is the number that I have, this is the number 16 for the provider and the provider is going to check 17 that message.</p> <p>18 Q Let me ask you this. If you felt that this 19 patient in this situation needed to be on antibiotics 20 on Friday and you failed to send the prescription 21 back with him for whatever reason and you felt in 22 your heart of hearts I need to get him on this 23 medication today, you would have tried to contact a 24 live person at the jail?</p>	<p>1 STATE OF ILLINOIS) 2) ss: 3 COUNTY OF C O O K) 4 The within and foregoing deposition of the 5 aforementioned witness was taken before 6 LISA A. BORDEN, C.S.R., and Notary Public, at the 7 place, date and time aforementioned. 8 There were present during the taking of the 9 deposition the previously named counsel. 10 The said witness was first duly sworn and was 11 then examined upon oral interrogatories; the 12 questions and answers were taken down in shorthand by 13 the undersigned, acting as stenographer and Notary Public; 14 and the within and foregoing is a true, accurate and 15 complete record of all of the questions asked of and 16 answers made by the aforementioned witness, at the 17 time and place hereinabove referred to. 18 The signature of the witness was not waived, 19 and the deposition was submitted, pursuant to 20 Rules 30 (e) and 32 (d) of the Rules of Civil 21 Procedure for the United States District Court, to 22 the deponent per copy of the attached letter. 23 24</p>
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<p>1 A I would have tried to see – 2 MR. PRENGAMAN: Objection, form. 3 THE WITNESS: I would have tried to see if there 4 was another way to contact. 5 MR. QUINN: I'm done. 6 MR. PRENGAMAN: Nothing based on that. 7 MR. QUINN: Thanks, Doctor, for your time. 8 THE WITNESS: No problem. No problem. 9 ***** 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>1 The undersigned is not interested in the within 2 case, nor of kin or counsel to any of the parties. 3 Witness my official signature and seal as 4 Notary Public in and for Cook County Illinois on this 5 17th day of July, A.D. 2018. 6 7 8 9 10 ----- 11 LISA A. BORDEN, C.S.R. 12 License No. 084-003300 13 Notary Public 14 200 West Jackson Blvd. 15 Suite 600 16 Chicago, Illinois 60606 17 Phone: (312)236-8352 18 19 20 21 22 23 24</p>

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